Tools for Teaching Cultural Competence

This section includes some of the didactics and activities our Department uses to enhance students’ and residents’ cultural competency skills. Teaching tools are delineated by titles highlighted in pink. Following the didactics and activities is a list of useful resources.

General objectives for working toward cultural competence in our training programs:

Goal: To provide culturally sensitive and competent care to diverse populations, addressing issues within the context of family and community;

Objectives: Learners will be able to:
- identify their own cultural values, assumptions and beliefs, and recognize how they may impact on patient care;
- recognize the barriers imposed by biomedical health care delivery systems when dealing with different cultural groups
- describe ways to manage the discrepancies between the practitioner’s and patient’s approach to health, illness, and health care
- be able to conduct patient interviews that elicit health beliefs and incorporate these beliefs into the treatment plan;
- work more effectively with interpreters

Below are both didactics and self-directed learning activities aimed at achieving the objectives.

<table>
<thead>
<tr>
<th>Bilingual Interview Workshop</th>
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<tr>
<td>(Provided for third year medical students, residents and in a modified version for pre-clinical summer COPC students, can be adapted for any health professions audience)</td>
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<tr>
<td>Jan Gottlieb, MPH</td>
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<tr>
<td>Steven Levin, MD</td>
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<tr>
<td>Rhina Acevedo, MD</td>
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<td>New Brunswick, NJ 08903</td>
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<tr>
<td>Dept. of Family Medicine</td>
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<tr>
<td>Amparo Alvarez, Former Director of the New Brunswick Interpreter Project</td>
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<tr>
<td>Contact Jan at 732-235-7574, fax: 732-235-4202; e-mail: <a href="mailto:gottlija@umdnj.edu">gottlija@umdnj.edu</a></td>
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Co-taught by Jan Gottlieb, Dr. Acevedo and a professional interpreter

Brief Description: This is a 2-2 1/2 hour experiential workshop in which participants practice skills in working with interpreters and in eliciting culturally relevant information from patients. It includes a short discussion of participants’ experiences working with or being an interpreter and barriers to communication in the bilingual interview, followed by viewing and discussing two-three videotaped vignettes depicting effective and ineffective doctor/patient/interpreter interactions. In small groups, participants take turns interviewing a bilingual volunteer playing the role of a patient via a volunteer interpreter. The “patient” bases his/her portrayal on a written case of a clinical encounter. Following the role-play, small groups debrief their experience. Participants also learn how to access and use the Language Line Services for over-the-phone interpretation. A volunteer “doctor” from the class interviews a volunteer non-English speaking “patient” from the class, using the phone service, while the class observes.
Intended audience: third year medical students, residents, faculty, other clinical-level students such as nurses/nurse practitioners, physician assistants. For pre-clinical students, a variation for the small groups is attached.

Goal: To enhance participants’ skills in providing care to patients who have limited English proficiency or are non-English speaking.

Objectives:
- Describe effective methods for working with interpreters
- Make use of an interviewing tool (ETHNIC) for incorporating cultural beliefs into clinical practice
- Be able to access and use the Language Line Services for over-the-phone interpretation
- Discuss ways in which health care organizations can provide more linguistically appropriate services

Lesson Plan
Part I: Intro/Videotape review & discussion (one hour)
1. Display overhead of objectives, describe methods to be used, provide rationale for importance of learning these skills: “As country becomes increasingly diverse, we will have more need for working with interpreters and finding out more about the culturally-based health beliefs of your patients. Without training, treating patients who speak a different language can be frustrating. With training, it can be an enriching experience.
2. Elicit participant’s experiences in working with interpreters: “How many have worked with interpreters before, served as an interpreter, or observed a doctor working with an interpreter? A couple of people care to share experiences? Anyone had a family member as interpreter or been an interpreter. for a family member? Think of times it would be inappropriate for child in particular to interpret? (e.g. OB/GYN). Sometimes have no choice but it is a last resort.
3. Present a framework for thinking about barriers to communicating with limited or non-English speaking patients: language, culture, triadic interview, system barriers. summarizing some of the issues raised by students’ experiences: 1) culture (many of your patients will have beliefs about their body and how it works that are very different from yours (e.g. compare Asian view as “garden- water, air, wood, need to be in balance ” to Western view as “machine” and the notion that we “battle” disease, 2) language (includes problems with medical jargon as well as speaking two different languages, also includes body language - give example of cultural differences/taboo, 3) triadic interview - potential loss of control of the interview when there is a third party interpreting, 4) system – elicit barriers from students: no trained interpreters, no extra time allotted for the medical visit, no insurance reimbursement for paying interpreters.

4. Show and discuss two-three videotaped vignettes (see references for videos) I use vignettes b & c only because of time constraints:
   a) vignette depicting interpreter and physician untrained in the bilingual interview: Discussion questions: What were problems with interaction? What was done well? How do you think each person (patient, doctor, interpreter) feel during interaction? What could have been done differently? Why do situations like this happen?
   b) vignette of encounter with trained interpreter and trained doctor; “As you are watching notice the techniques the doctor uses to communicate more effectively with the patient and what the interpreter did to facilitate communication between the patient and doctor.” Stop it before the tape analyzes the encounter.

Discussion questions: General reactions? What techniques did the doctor use to communicate more effectively with the patient? What the interpreter did to facilitate communication between the patient and doctor. (record on newsprint/blackboard)

Probe questions/points you want covered: What happened before the interview even started? (pre session). To whom did the doctor address his questions? (directly to patient). Did you think the doctor did a good job establishing rapport - if yes, what did he do to make that happen? How did the doctor make the interpreter’s job easier and help ensure that everything he wanted to say got across to the patient (short phrases, plain terms). Will telling the patient verbally about how to take the medicine be enough? What else should be done that wasn’t in the tape, to ensure understanding. (Have interpreter write it down, have patient repeat instructions). What would have happened if the doctor ignored the patient’s concerns about his parents’ spirits? Would it have affected the rapport? In many cases your patient will not reveal his/her traditional health beliefs without being asked. That’s why we have this mnemonic called ETHNIC - on your yellow card.

Review ETHNIC; goal of ETHNIC is to help you learn about your patient’s health beliefs and practices, explore them more, be open and respectful, incorporate beliefs into care plan as much as possible: Go briefly through steps, provide case examples of explanations patient might reveal, treatment (see Kobylarz, et. al, 2002 for examples)
provide example of a patient that is engaging in a cultural health practice that may be harmful (e.g. infant wearing charm bracelet) and have class brainstorm options for negotiating with parents. Teaching points: explore the belief behind the practice and express respect for it; negotiate options that allow patient to retain practice in a safer way (e.g. putting charm on wall next to baby), determine mutually acceptable option.

c) vignette of how physician can work successfully with untrained interpreter: “Now we’ll show a tape of a doctor seeing a Latino man and working with an untrained interpreter which is most close to the reality you will face. Notice use of ETHNIC-type questions as well as how the doctor is guiding the untrained interpreter. After tape elicit reactions? Ask how comfortable students would feel guiding an untrained interpreter (takes some assertiveness). Assure them that most welcome the guidance if done politely and respectfully.

Part II: Small group role-plays (see attached Small Group Instructions) (45 minutes)
• Break into small groups for interviewing role-play: “doctors” interview (sequentially as if one doctor) a non-English speaking “patient”, working with interpreter
• Debrief role-play encouraging each participant to provide constructive feedback to one another.

Before moving to groups, explain how it will work, reviewing instructions you have given students. Two goals of the roleplay – to practice in a “safe” environment, using skills for working with interpreter and using ETHNIC. While students are reviewing their instructions, have a brief meeting with volunteers playing the role of interpreters and patients. Emphasize the importance of staying in the role during the roleplay, ask if questions on role, provide advice. Have students meet in groups for 35-40 minutes -- spend at least 15 minutes on debriefing. Have small groups report back on their experience, use debriefing questions below:

1. What are some ways to find out the patient's explanation of the problem when he/she resists providing it? (e.g. Ask in different ways, explain that very often people have different ideas about what causes illness than I (M.D.) might have, it's helpful for me to get a better understanding of what you think.)
2. How can you engage the interpreter in helping you? (e.g. inform her/him you are asking questions in different ways intentionally, so he/she does so as well)

3. How can you help the patient feel assured that your diagnosis is correct without invalidating his/her concern? (e.g. explain your reasoning for the diagnosis, discuss his/her theory and recognize how it is understandable how one would have this concern given history, as appropriate, conduct additional tests to investigate his/her concern).

5. Ask if "bilingual pairs" shared how someone from their culture might behave in the same situation or what their beliefs may be -- Similar? Different from this vignette? Point out that behavior and beliefs may differ from person to person within a culture, important to avoid stereotyping

6. How comfortable do you feel directing an untrained interpreter to work more effectively with you and what are ways to reduce potential tension?

7. How useful was ETHNIC? Is it a helpful way to remember these steps? Does it make it easier to ask these questions? Will you use it?

If the workshop is being taught to pre-clinical students, an alternative is to have them ask the “patient” questions about his/her culture rather than conduct a history. Questions are attached.

**Part III: Language Line Services (15 minutes)**

Activity: Demonstrate use of the Language Line Services with volunteer “doctor” and “patient” from class making actual phone call to Language Line Services interpreter using simple scenario (see attached).

Language line services. Now what if you don’t have an interpreter on site? Introduce language line services - just one of the over the phone interpreter services. Anyone use it? Great service avail -- over 140 languages -- pass around card. RWJUH contracts for this service -- $200 up front, $50 month minimum, $2-4 per minute depending on how common language is. Access through nurses station -- they must provide cost billing info to operator. They’ve allowed us to use it as demonstration, not avail out of MEB, so sometimes hard time. Can use phone when person is in your office or if you have to call someone at home you can use a conference feature - will depend on your site.

**Demonstrate** -- Recruit 2 volunteers for the demo -- one to play role of patient (native speaker of language other than English) and one the doctor. Hand out written scenario. Explain it will be very simple scenario and we will stop the action after about 5 minutes. I’ll call operator, put on speaker phone. Student playing role of doctor takes over when operator asks language -- act like a doctor or medical student if more comfortable -- note time it takes. Explain high blood pressure, modify with diet and exercise brief -- will cut you off. Try not to laugh -- thank operator when done. If comfortable, ask for feedback on how you did. Use same skills -- introduce self, brief operator on goals, introduce patient.

After demo, ask “patient” what he thought of the quality of the interpretation. Ask both how they felt using the service. Applaud volunteers.

**Part IV: Wrap up**

Show overhead of objectives and gauge from class whether they were achieved. Ask about commitment to using skills for working with interpreters and ETHNIC in their practices. Thank everyone, especially volunteers!!
Personnel Required to Teach
A bilingual pair is needed for each small group of participants. Volunteers representing languages (can include sign language) common to the geographic area are desirable. Volunteers may be bilingual students from the class, faculty, actual patients and interpreters. We recently started paying the volunteers who are not students or are not employed by the medical school, $25 for approximately one hour. We hadn’t paid them for several years prior. Groups can facilitate themselves with specific instructions. The Language Line Services portion may be conducted by the telecommunications representative from a hospital that contracts for the Language Line Service or by workshop presenter with proper information.

Resources Needed:
Videotape:
Communicating Effectively Through an Interpreter (1998)
The Cross Cultural Health Care Program at PacMed Clinics
1200 12th Ave S
Seattle, Washington 98144
(206) 621-4161
(approx, $150)

Access to an operator that can access the phone-interpreter service if workshop is not in the clinical facility. Knowledge of the health care facility’s policy and procedure for accessing the service

Medicine bottles (one per “patient”) with a label that says “Digestif”, ingredients: bitter herbs and 60% alcohol.

Evaluation Methods
A questionnaire evaluating the workshop is completed by participants immediately following the seminar.

Packet given to participants includes:
- ETHNIC pocket-sized card
- Tips for working with interpreters and specifically an untrained interpreter
- Set of instructions for students for facilitating the group and discussion questions for debriefing it. Includes brief vignette for the “doctors”
- Skills checklist for participants to self-evaluate their performance during the interview
- Articles asterisked in references below
- Humorous newspaper article on how everyday gestures can be misunderstood, Customary Confusion, Star Ledger, January 30, 1997.
  - Volunteer patients and interpreters are given their role one week prior to the workshop.

References:
Buchwald, D., et. al, The Medical Interview Across Cultures, Patient Care, April 15, 1993: 141-166.
Durham M., Avery, M-PB, Medical Interpreters Standards of Practice, Worcester and Newton, MA: Massachusetts Medical Interpreters Association and Education Development Center, Inc., 1995.
*Haffner, L., Translation is Not Enough: Interpreting in the Medical Setting, in Cross Cultural Medicine, A Decade Later (special issue), Western Journal of Medicine, (September), 1992: 255-259.


Jackson-Carrol LM, Grahm E, Jackson, JC, Beyond Medical Interpretation: The Role of Interpreter Cultural Mediators (ICMs) in Building Bridges between Ethnic Communities and Health Institutions (manual), Harborview Medical Center, Seattle, WA (need to get you date)


*Given to participants

Videotapes

Communicating Effectively Through an Interpreter (1998)
The Cross Cultural Health Care Program at PacMed Clinics1200 12th Ave S
Seattle, Washington 98144
(206) 621-4161

The Bilingual Medical Interview I (1987)
Section of General Internal Medicine
Boston City Hospital in collaboration with the Department of Interpreter Services and the Boston Area Health Education Center, BAHEC 818 Harrison Ave.
Boston, MA 02188
(617) 534-5258

Language Line Services (to obtain information about the service, call 1-800-752-6096).
The following items: “Group Directions” through “ETHNIC” are provided to students in a handout.

**Group Directions**

Roleplay (15 minutes)

- Select facilitator (will also participate in role play)
- Review clinician information on next page
- Obtain a history and based on this, tell the patient your diagnosis and if time, negotiate a plan of care
- Take turns speaking with the patient **acting as if you are one clinician**.

**Debriefing: (15 minutes)**

- Go through checklist as a group
- Give constructive feedback to each other

1) Patient: Did clinicians make you feel comfortable, respected, understood? How specifically did they do that? What could have been improved?

2) Interpreter: How easy was it to interpret for the clinicians – what specifically did they do that worked for you? What could have been improved?

3) Clinicians: how do you feel you did personally – what were the challenges? What could you have done differently? How did others do?

4) Ask bilingual pair to share how someone from their culture might behave in the same situation or what their beliefs may be.

Discuss what new insights you gained by doing this exercise. What will you be able to apply in future encounters with interpreters and non-English-speaking patients?

*** Remember***

Be sure everyone gets a turn, do pre-session, speak directly to patient in first person, use ETHNIC and if you wish, BATHE
Clinician Information

A patient is presenting with a 1-year history of recurring abdominal pain associated with some nausea. This is an acute visit with a patient who has been seen at the practice before, though not by you. The patient immigrated to the US two years ago and speaks little English. You will need an interpreter for the visit. He/she has not yet met you or the patient at the start of the interview so introductions are necessary.

Your task:

Conduct a pre-session with your interpreter. Obtain a history and arrive at a diagnosis to the best of your ability. Assume that the physical exam is normal. Use the skills you’ve learned to work effectively with an interpreter and use ETHNIC. If time permits, explain your diagnosis and negotiate a plan of care that is acceptable to both you and your patient.

Guidelines for Pre-Session with Untrained Interpreter

1. “Thank you for interpreting for me today. Please allow me to briefly explain some things that will help us work more efficiently together.

2. Please interpret everything I say, exactly as I say it and everything the patient says exactly as he/she says it. For example you don't need to say "The doctor is asking if you are taking any medicine", just say "Are you taking any medicine?" If the patient says "I have back pain", you say "I have back pain" rather than "he has back pain."

3. Please stop me if there are any terms you don't understand or are having trouble interpreting. I can say it in a different way. Also feel free to stop me if I am saying too much before allowing you to interpret.

4. Is there anything I should do that will make it easier for you to interpret for me?

5. When you introduce yourself to the patient, please explain that everything will be kept confidential.”
### Skills Checklist

#### Working with Interpreters & Limited English-Speaking Patients

<table>
<thead>
<tr>
<th>DID THE CLINICIAN</th>
<th>YES</th>
<th>NO</th>
<th>SOMETIMES</th>
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<td>1. Talk briefly with interpreter to jointly establish goals for the interaction during the visit?</td>
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<td>2. Greet patient in their language, if possible?</td>
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<td>3. Introduce self and everyone present; assure patient of confidentiality?</td>
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<td>4. Arrange seats so interpreter is slightly behind patient?</td>
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<td>5. Speak to patients directly in first person?</td>
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<td>6. Speak in short phrases?</td>
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<td>7. Use alternatively worded questions and lay language as necessary?</td>
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<td>8. Ask the patient (E) what he/she thinks might explain the symptoms? (T) what kinds of treatments he/she has tried? (H) if he/she has sought advice from other healers?</td>
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<td>9. (NIC) Negotiate a mutually acceptable intervention with the patient collaborating with family members, other health providers/healers as necessary?</td>
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<td>10. Provide comprehensive recommendations &amp; instructions?</td>
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<td>11. Have patients outline their understanding of the plan?</td>
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ELICITING PATIENTS' HEALTH BELIEFS:
ETHNIC: A Framework for Culturally Competent Clinical Practice

An understanding of the patients' perceptions of their health problems ("illness explanatory model") and what they are expecting from the medical encounter can help the health care provider in negotiating treatment plans that will be most effective from both the provider's and the patients' perspectives. The following questions have proved especially helpful with people from diverse cultures, immigrant patients and refugees, although they are important for all patients. These questions would be asked after routine introductory questions (e.g., How can I help you today?).

**E: Explanation**
What do you think may be the reason you have these symptoms?
What do friends, family, others say about these symptoms?
Do you know anyone else who has had or who has this kind of problem? Have you heard/read/seen it on radio, newspaper, T.V.? (If patient cannot offer explanation, ask what most concerns them about their problem.)

**T: 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?

**H: Healers**
Have you sought any advice from friends or other people (non-doctors) for help with your problems? Tell me about it.

**N: Negotiate**
Negotiate options that will be mutually acceptable to you and your patient that do not contradict, but rather incorporate your patient's beliefs. Ask what are the most important results your patient hopes to achieve from this intervention.

**I: Intervention**
Determine an intervention with your patient. May include incorporation of alternative treatments, spirituality and healers as well as other cultural practices (e.g. foods eaten or avoided in general, and when sick.)

**C: Collaborate**
Collaborate with the patient, family members, other health care team members, healers and community resources.

The following handouts are provided to volunteers playing the role of patient or interpreter respectively.

**Guidelines for Patients**

1) Take some time to imagine yourself as the patient depicted in the vignette. Think about your emotional state (e.g. depressed, anxious), and how you would portray that (may vary from culture to culture). It may help to think about your own personal experience or that of friends and relatives.

2) Although you will understand what the doctor is asking you in English, respond only to what the interpreter says, as if that was all you understood.

3) When you are asked questions in which the response is not indicated in the vignette, use your own history or your family history, to make it feel more natural to you.

4) Don't be too forthcoming with the information you are given in the vignette, unless indicated that you should be. The purpose is to have the doctor elicit the information from you. If the doctor does ask you questions to elicit the information, you may respond.

5) When the doctor gives you the diagnosis, ask her/him to explain it as if you never heard the term used.

6) You will be asked to provide feedback to the doctor and interpreter on how you felt during this encounter. Note what they did well (be generous!) and what could be improved (be constructive).

7) Feel free to make minor modifications to the vignettes to reflect the beliefs about illness, treatment, or health promotion that are common to your culture. In any event, be sure to share differing beliefs during the discussion immediately following the vignette.

8) Don't worry if you don't do everything in the vignette exactly as written, or if you stumble on certain questions. We want this to be an enjoyable, non-threatening learning experience for everyone!

Most importantly: **STAY IN YOUR ROLE** – this will create the most effective experience for the students.
Role for Patient with Indigestion
The goal of this exercise is for the clinicians to 1) establish rapport with you while communicating through an interpreter; 2) make a diagnosis and discuss your illness in “lay terms”; 3) ask about and make you feel comfortable discussing your beliefs about your illness and 4) to negotiate a treatment plan that respects your decision to use an alternative treatment.

Presenting Problem
You have come to the clinician because for the last year you have been experiencing indigestion periodically.

Your symptoms:
- 1-yr history of burning pain in upper abdomen associated with some nausea
- The pain occasionally radiates up to your chest.
- It occurs mostly after eating certain types of food (e.g. fried foods, spicy foods, food containing tomato sauce, coffee, alcohol)
- The pain seems to worsen at times when you are worried.
- The pain also bothers you at nighttime
- Your stools and bowel habits have been normal

Additional information:
No relevant medical history
No relevant family history
No drug allergies
You take no prescription medications
You do not smoke or use other drugs.
You drink on occasion

Your Explanation for your symptoms/treatments you use
You feel that your symptoms are due to “slow digestion.” You have been using an herbal mixture, called a “digestif” which is designed to improve your digestion. You obtain this from an herbalist. Many of your family members also use this digestif. It has significantly improved that uncomfortable sensation of fullness, which you feel after eating and now you are using it on a regular basis to aid your digestion. However, it has not helped the burning, nauseous feeling. You feel the digestif is very good for you and would like to continue taking it along with any medicine the clinician might prescribe.
Your tasks during this role-play:
1. If the clinician makes a diagnosis that uses medical terminology (e.g. “GERD - Gastro-esophageal Reflux disease - or “ulcer”), request that he/she explain the diagnosis in terms that are understandable to you.
2. Do not volunteer information about your explanation for your symptoms – “slow digestion”, or the herbs you are taking. Wait for the clinician to ask. The first time it is asked you may respond “You’re the doctor, you tell me what the cause is.” If asked a second time, provide the information.
3. If the clinician asks about anything you might be taking for your problem, show him/her the bottle of the digestif you are carrying in your pocket, which includes the product’s ingredients (we will provide).
4. If the clinician suggests you stop using the digestif altogether, resist until you are satisfied with the explanation and proposed treatment. ***If the clinicians make a sincere effort to negotiate a treatment plan that respects your beliefs you should appear to be pleased with the final treatment plan.***

Most importantly: STAY IN YOUR ROLE – this will create the most effective experience for the students. For example if the student “clinicians” are laughing, ask the interpreter what they are laughing about.
Role for Interpreter

You role is to serve as an untrained interpreter, who has been pulled from your busy job. Please feel free (and we would encourage this) to introduce some of the pitfalls that may be encountered during a bilingual interview. For example:

1. One-word or brief interpretation of a long explanation given by patient.
2. Interpret what the patient says in the third person, e.g. “he said, she said” rather than the correct way, “I have indigestion.”
3. Give your own advice to the patient and make this obvious – (e.g. suggest that the patient continue to take the digestif but also follow the doctor’s plan, suggest the patient get a second opinion)
4. Get into a side conversation with the patient that does not include the clinician (perhaps while giving your own advice you say that you and your family also use the digestif and have had no problems with it – wouldn’t give it up. You may ask if the patient takes any other herbs).
5. Appear a little impatient to be done with the interview so you can get back to your real job.

The goal of this exercise is to encourage clinicians to use the skills they’ll learn in the workshop, to direct an inexperienced interpreter and retain control of the interview. So, do allow yourself to be directed and re-directed if the student-clinicians are making a sincere effort to use the skills.

Most importantly: STAY IN YOUR ROLE – this will create the most effective experience for the students. If the student tries to talk to you “outside of your role” reply with “Would you like me to interpret that for you?”

ENJOY!
Option for Small Group Roleplay
with pre-clinical students

Using the following topics as a guide, interview the “community member” regarding his/her culture (as experienced or practiced by his/her family, friends or relatives). Be sure everyone has a turn to talk with the community member in his/her native language, working with an interpreter. Practice the skills reviewed in the videotapes. Feel free to ask other questions as they arise.

How she/he defines her/his ethnic group.

Her/his religion. How important a role does religion play in her/his life, the family’s?

How many generations the family has been in this country.

The family’s migration experience to this country. Where they moved to, why there? What was it like to be a new immigrant to this country, etc.?

Cultural traditions (important holidays, times of fasting, forms of recreation/entertainment?)

Practices/traditions around pregnancy?

Practices/traditions around caring for ill elderly family members (do they stay in home with children, in nursing home?)

Practices/traditions around marriage?

Traditions around death and dying/funeral rituals.

Beliefs in the causes of illness (mild like a cold or more serious like cancer)

Practices or home remedies to treat common ailments (e.g. stomachache, cold, headache)

Healers consulted when ill.
EVALUATION

TOPIC: The Bilingual Interview: R. Acevedo, J. Gottlieb  DATE:  ______

OBJECTIVES: By the end of this workshop participants will be able to:
1) Demonstrate effective methods for working with interpreters;
2) Utilize a technique (ETHNICS) for incorporating cultural beliefs into clinical practice;
3) Become familiar with the use of the Language Line Over the Phone Interpreter Service

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<tr>
<td>Workshop Overall</td>
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</tbody>
</table>

What did you like **best** about today's workshop?

________________________________________________________________________

What did you like **least**/what could have been improved?

________________________________________________________________________

What was the **most useful** thing you gained that you will be able to **apply** in your work?

________________________________________________________________________
Community Assessment – Treasure Hunt

The following activity is used in our Summer COPC program. The sections highlighted in yellow address cultural issues.

Directions

The way you approach a community can make or break the success of any health promotion effort. Working with different cultural groups can be challenging. But if you approach it with an open and inquiring mind, you will find the rewards and treasures. Spending time in the community gives you an opportunity to observe and listen before you start asking questions.

Here are some things to keep in mind as you begin your treasure hunt:

- Since our cultures determine how we interpret and interact with the world, it can have a profound effect on the way we define and experience health. Be non-judgmental in your attempts to understand beliefs and practices, as well as how they differ from your own.
- Avoid cultural stereotypes (oversimplifications, inaccurate assumptions)
- Keep in mind what have been and are the major social, economic and political concerns of the community.

Getting Started:

- Avail yourself of census data, maps, and other government documents, reports and statistics. Local newspapers and libraries are a good source of information about the community.
- Get to know the physical layout of the community. Try to learn the major streets, buildings or other landmarks in the different neighborhoods.
- Try using public transportation if it is available.
- Select places where you can observe and have informal observations. Take notes on the types of activities you observe. How do people interact with one another? How do they greet one another (embrace vs handshake)?
- Informally talk to at least 5 people in the community to try to gather some of the information on the next 2 pages. During informal conversations just listen – don’t take notes. Don’t forget to explain who you are and what you are doing.
- Attend community events your site is sponsoring (e.g. church picnic, health fair)
- Feel free to discuss this assignment with your site supervisor and ask for additional resources.

Gathering information for this treasure hunt is a process that will give you an opportunity to learn and understand more about the community (and its treasures) your agency/facility serves. Find out what you can about the cultural context of the community as well as what problems and assets present in that community.

Geographics

1) Define your “geographic community”. Conduct a drive/walk through of the area. Write down your first impressions of the area. Notice the housing, schools, streets, etc. Is it clean? Well maintained? Residential or business?

2) Locate any schools and daycare centers and describe.
3) Locate any health facilities and/or hospitals. Note their location, services offered.

4) Locate and visit **food stores (what kind of food is sold there?)**.

5) Locate services for seniors, describe.

6) Locate services for teenagers, describe.

7) What kind of businesses are in the area?

8) What public transportation is available?

9) What evidence is there of local law enforcement?

**Demographics**

Much of the following can be obtained from the census (your site may have this information in grant applications.) You can also ask people who live there or staff at the site.

10) Who lives in the area? What are the predominant family structures (i.e. two parent household, single parent or extended family)?

11) What kinds of jobs do people have (e.g. blue/white collar?) What is their annual income?

12) What are the socioeconomic levels? (upper-middle-lower)

13) What is the cost of an average house in the area? Do people rent or own?

14) What are the political statuses? (i.e. undocumented, refugee, legal immigrant, citizen)

15) What is the predominant ethnic group(s)?

16) What are the languages or dialects that are spoken?

17) What are the different religions?

**Medical Orientation**

18) What are some beliefs about the cause, prevention, diagnosis and treatment of disease?

19) To what extent is there use of traditional medicine or healers?

20) What roles do foods play in health and religion?
Reflection

Summarize your feelings about the area. Imagine living there. What would it be like?

What was it like observing people? Talking to people?

How did you open up conversation/build rapport?

What were their reactions to you? Were they open/trusting or suspicious? Were they able to provide answers to your questions?

Prepared by Linda Whitfield-Spinner, LCSW, Director, National Health Service Corps New Jersey SEARCH program for the Community Oriented Primary Care Summer Assistantship. Adapted from Gonzalez, VM, Gonzalez, JT, Freeman, V., Howard-Pitney, B, Health Promotion in Diverse Cultural Communities, Palo Alto, CA: Health Promotion Resource Center, Stanford Center for Disease Prevention, 1991.

Assessment of your Community/Project Site

Find out the following information about your community site. Not all of these will be relevant to your site. It is not necessary to write this up as part of the treasure hunt but it will be helpful for your final reflection paper.

- Its history and mission
- Funding sources
- What are the demographics (age, sex, cultural/ethnic background, residence and the predominate social, economic issues) of the population served? Does this reflect the demographics of the surrounding community?
- Who works there?: number, disciplines, roles, do they reflect population served in terms of race/ethnicity/language?
- What services does the community agency provide?
- How do clients/patients access services? Who is eligible to receive services? What are the barriers if any, to clients accessing services?
- How many patients/clients are generally helped on average in a given month? Is this meeting the actual need in the community?
- How are “undocumented immigrants” handled– can they utilize agency’s services?
- What % of patients/clients have no health insurance?
- What type of health insurance do patients/clients have?
- What are the prevalent health problems of the population?
- What partnerships has the community site has established with other agencies to better meet the needs of clients?
- What are the community site’s efforts to reduce barriers to accessing health care?
- Find out from staff, what are the challenges and the rewards of working with an underserved population?
Family Health Beliefs and Behaviors Assessment

This is completed as part of the Cross Cultural Community Medicine Rotation for Residents. It is also used as part of a small group exercise during a class on cultural issues.

1. How do you define your ethnic group? ________________________________

2. How long have you and/or your family been in the United States? ____________

3. What is your religious background? ________________________________

4. What did your parents believe caused illness (e.g. natural causes, punishment from God, exposure to drafts, eating poorly). Are your views different from your parents? ______________________________________________________________________

5. How did your parents view and treat common childhood illnesses like colds and stomachache? ______________________________________________________________________

6. How was emotional illness viewed? ________________________________

7. Did religion play a role in curing illness? ________________________________

8. What were some of the family practices or home remedies to prevent illness or to stay healthy? (e.g. herbs, spiritualist consultations, regular visits to physicians, prayers, vitamins, fresh air, exercise, nutrition, use of certain foods, avoidance of certain foods?) ________________________________

9. Who made the decisions about health and illness (e.g., grandparents, mother or father)? Who took charge of the sick person? How are/were elderly relatives cared for? By whom? ________________________________

10. Who did the family consult when ill? (e.g. alternative/complementary and professional sources of care) ________________________________

11. How might your health beliefs/upbringing influence the way you approach patients? ______________________________________________________________________

# Patient-Family-Community Assessment Form

Interview 4 patients using this form- put completed form in chart  
(The following form is used as part of our Cross-Cultural Community Medicine Rotation for residents. Cultural questions are highlighted in yellow.)

<table>
<thead>
<tr>
<th>Patient Name: ________________________________</th>
<th>Date: ___________________________</th>
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</thead>
</table>

## Brief Patient Profile:
- **Age**
- **Gender**
- **Race/Ethnicity**
- **Language**
- **Need for Interpreter (Y/N)**
- **Insurance (Y/N)**

## Primary Clinical Issue Addressed:

## Family Profile
- Household Structure (who lives there and relationships, prepare genogram)

### Language(s) spoken, understood/Literacy issues:

## Financial Situation of Household:

## Family Problems (e.g., domestic violence, alcohol or drug problem, marital discord, illness):

## Family Supports (how does family help with clinical problem addressed):

## Cultural Profile
- **Diet (24 hour diet recall):**

## Religious Beliefs (and degree of importance in life):

- "My health is controlled by"  
  **ME** ----------------------------------------------- **GOD** 

## (USE ETH of ETHNIC) Patient’s explanation (E) of primary clinical issue addressed:

## Use of alternative treatments(T) and healers(H):

## Community Profile
- **Workplace Issues (possible exposures, muscle strain, injury risk):**

## Neighborhood Description:

- **What does patient like about neighborhood?**
- **What would patient like to change about neighborhood?**
Accessibility to Healthcare (primary care, dental, vision)(consider transportation, language, availability of appointments, in

Accessibility of Other Services (grocery, pharmacy, medical supplies):

Additional in-depth questions:

1. Identify a problem that this patient faces that is common to other people in the community. Identify the Healthy People and/or Healthy NJ 2010 objectives and national and state data that relate to this problem by accessing the websites: http://www.health.gov/healthypeople, http://www.state.nj.us/health/chs
2. Does St. John’s address this problem on a community level? How?
3. What do other health centers or private physicians do to address this issue? Consider contacting other physicians to find out.
4. What other resources/services already exist in the community to address this issue? Contact or visit 2 or 3 of these resources to learn more about them.
5. What other health/social service professionals or “lay health/para-professional/other healers” besides physicians can be helpful with this issue?
6. What creative ideas do you have for addressing this issue on a community level? Consider performing a literature search. Consider using this issue as a starting point for your senior project.
Resources
The following comprehensive lists were compiled in April 2002 by:

Robert C. Like, MD, MS
Center for Healthy Families and Cultural Diversity
Department of Family Medicine
UMDNJ-Robert Wood Johnson Medical School

CULTURALLY COMPETENT HEALTH CARE:
SELECTED REFERENCES BY DISCIPLINE

Medical Education -- General


**Family Medicine**


**Pediatrics**


**Internal Medicine**


Carillo JE, Green AR, Betancourt JR. "Cross-Cultural Primary Care: A Patient-Based Approach," Annals of Internal Medicine 1999; 130:829-834.


**Geriatrics**


**Obstetrics and Gynecology**


**Psychiatry/Mental Health/Social Work**


**Nursing**


Occupational Therapy/Rehabilitation


Public Health


References


SELECTED CULTURAL COMPETENCY RESOURCES

“Diversity Bestsellers”


**Movies and Videos**


**The Bilingual Medical Interview I** (1987), and **The Bilingual Medical Interview II: The Geriatric Interview,** Section of General Internal Medicine, Boston City Hospital, in collaboration with the Department of Interpreter Services and the Boston Area Health Education Center (Available from the BAHEC, 818 Harrison Ave., Boston, MA 02118; Phone (617)-534-5258).

**Quality Care for Diverse Populations** (Video/CD-ROM/Facilitator's Guide). This program includes five video vignettes depicting simulated physician-patient visits in an office setting as a means to explore ethnic and sociocultural issues found in today's diverse health care environment (Available from the American Academy of Family Physicians, AAFP Order Dept., 11400 Tomahawk Creek Parkway, Leawood, KS 66211; Phone (800)-944-0000; Fax (913)-906-6075).

**Community Voices: Exploring Cross-Cultural Care Through Cancer/Video and Facilitator's Guide** by Jennie Greene, MS & Kim Newell, MD (Available from the Harvard Center for Cancer Prevention, Harvard School of Public Health, 665 Huntington Avenue, Bldg 2, Rm 105, Boston, MA 02115; Phone (617) 432-0038; Fax: (617)-432-1722; **hccp@hsph.harvard.edu**, or Fanlight Productions, [www.fanlight.com](http://www.fanlight.com)).

**The Angry Heart: The Impact of Racism on Heart Disease Among African Americans.** By Jay Fedigan.
"Where's Shirley?" A Video Production About Breast Cancer (Available from the Women's Cancer Screening Project, 3 Cooper Plaza, Suite 220, Camden, New Jersey 08103; Phone (609) 968-7324; Fax (609) 338-0628).

Multicultural Audiovisual Resources (http://ublib.buffalo.edu/libraries/units/hsl/ref/av.html).

**CD-ROMs**


**Internet Websites -- Health Disparities/Cultural and Linguistic Competence**

Initiative to Eliminate Racial and Ethnic Disparities in Health
U.S. Department of Health and Human Services
http://raceandhealth.hhs.gov

National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care
Office of Minority Health Resource Center
http://www.omhrc.gov/CLAS

EthnoMed
http://www.ethnomed.org

Resources for Cross Cultural Health Care
http://www.diversityrx.org

Office for Civil Rights
http://www.hhs.gov/ocr/lep/guide.html

The Provider's Guide to Quality and Culture
http://erc.msh.org/quality&culture

Diversity in Medicine
http://www.amsa.org/div

National Center for Cultural Competence/Georgetown University
http://www.dml.georgetown.edu/depts/pediatrics/gucdc/cultural.html

Cross Cultural Health Care Program
http://www.xculture.org

The Center for Cross-Cultural Health
References on Racial and Ethnic Health Disparities


Hood R. "Fighting Invisible Barriers to Equitable Health Care," Managed Care 2001 February; 35-40.

**Key Facts. Race, Ethnicity & Medical Care.** Commissioned by the Henry J. Kaiser Family Foundation, Menlo Park, CA, October 1999 (Report # 1523, website: [http://www.kff.org](http://www.kff.org); 1-800-656-4533).


LaVeist TA, Nickerson K, Bowie JV. "Attitudes about Racism, Medical Mistrust, and Satisfaction with Care among African American and White Cardiac Patients," *Medical Care Research and Review* Volume 57, Supplement 1, 2000, pp. 146-161.


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