

# Patient Culture

I believe we are destined to meet the people who will support, guide, and nurture us on our life's journey, each of them appearing at the appropriate time, accompanying us at least part of the way. -- Alice Walker



# Last Workshop

- Name game
- Definitions of Race, Ethnicity, Culture and cultural competence
- Mandates and rationale for learning about these issues
- Individual health beliefs
- Medical culture: Illness Vs Disease
- Anger
- Hidden Curriculum

# Workshop Goal

- To define and explore the variety of cultural issues that might impact patient care
- To develop knowledge and skills to address these issues
- To develop a long term plan to improve awareness, knowledge and skills around cultural competency

# Agenda

- Patient characteristics
- Issues in patient culture
- Case studies
- Culturally sensitive history taking
- Action Planning

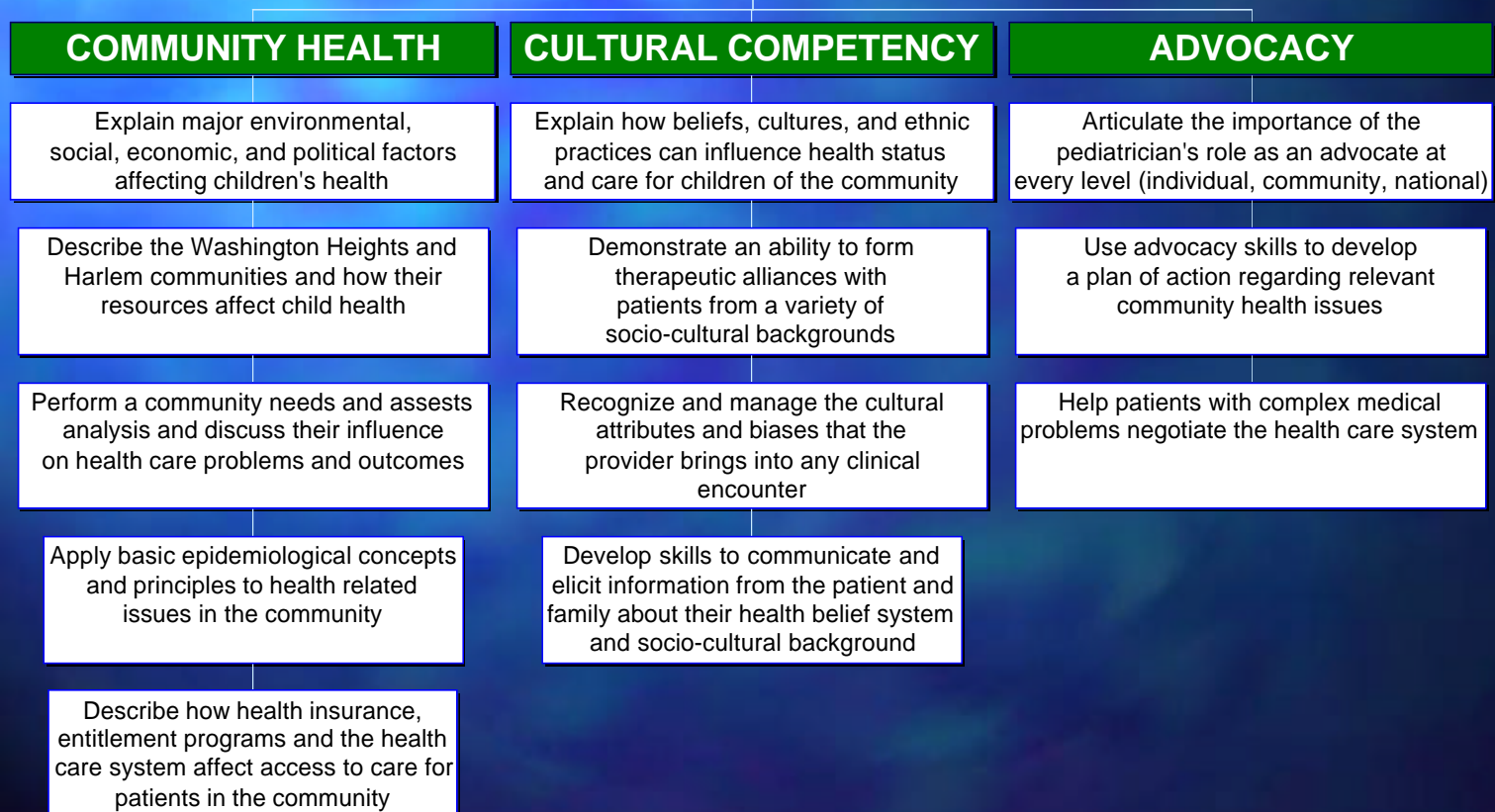
# Norms

- One person at a time
- Respect the opinions of others - all opinions are valid
- Share depending on your level of comfort
- Confidentiality - don't share information you may have learned about others
- Have fun!

# COMMUNITY PEDIATRICS

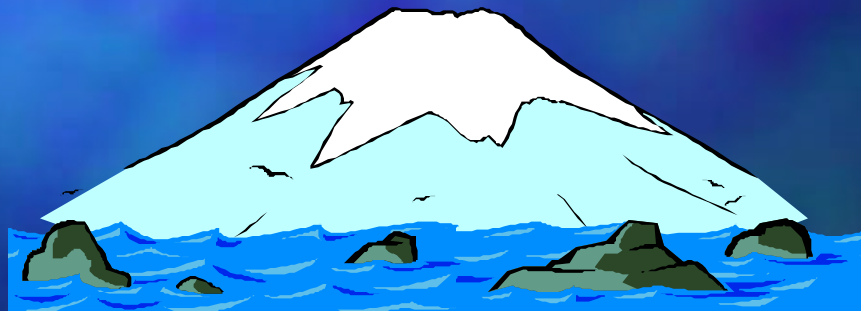
## COLUMBIA UNIVERSITY

### COMMUNITY PEDIATRICS



# Iceberg Exercise

- Which characteristics of patients/people are visible?
- Which characteristics of patients/people are assumed/invisible?



# Patient Culture

- Take 5 minutes to write down a past encounter with a patient in which issues of culture/cultural competence were important.
- Present the case in 1-2 sentences. Also, what was the cultural issue? What were the interpersonal/institutional barriers? What might have made the situation easier for you?

# Issues in Patient Culture

- Language
- Meanings of Illness
- Help Seeking Behavior
- Social and Historical Context
- Core Cultural Issues (gender, authority, physical contact, decision making, religion/spirituality)

# Case Studies

- Case 1: You are seeing a Dominican American girl for her one-year-old physical. She has a dried and crusted lesions on her skin that her father says is “varicella” that she had 2 weeks ago. The parents did not seek medical care at that time because they knew they had this appointment coming up anyway. Although you try to focus on the nature of the rash (was it a dewdrop on a rosepetal?) the parents continue to ask you many questions about their daughter’s milk intake. You ultimately realize that that they have stopped her milk intake altogether.

# Questions for Case Study #1

- What is this family's primary concern?
- What is your primary concern?
- How do you reconcile these two agendas?
- What are your primary educational goals with this family?
- How will you communicate these goals?

# Case Studies

- Case #2: You are seeing an Arabic American family you have seen multiple times in the past. On previous appointments, the mother would bring her 3 children. On this visit, the father is present as well. Although he speaks better English than his wife, he cuts her off repeatedly and undermines your pleasant relationship with the mother. He frequently erupts into Arabic, and appears to be yelling at the mother.

# Questions for Case #2

- What is the family dynamic here?
- What issues should you be concerned about?
- How do you re-establish a relationship with this family?
- How might your age and gender be an issue here?

# Case Studies

- Case Study #3: You are seeing the son of a recently immigrated Cambodian family who has transferred to your clinic after leaving another major medical center in the city. On examining the child, you realize the child has a dramatic murmur. The parents tell you that the child has “a bad heart” for which he has received treatments. You assume the child has been receiving penicillin for rheumatic heart disease. However, the parents grow agitated when you suggest that this regimen be continued, and the child receive an echocardiogram.

# Questions for Case #3

- What are your assumptions in this case?
- How can you clarify if they are correct?
- How might this child's cultural or political heritage impact the experience of illness?
- How should you proceed to ensure the best care for this child?

# Meanings of Illness

- Disease: Abnormalities in the structure and function of body organs and systems.
- Illnesses: The human experience of sickness - shaped by cultural factors governing perception, labeling, explanation and valuation of the discomforting experience.

# Culturally Competent History

- What do you think caused your problem?
- Why do you think it started when it did?
- What do you think your sickness does to you? How does it work?
- How severe is your sickness? Will it have a short or long course?

# Culturally Competent History

- What kind of treatment do you think you should receive?
- What are the most important results you hope to receive from this treatment?
- What are the chief problems your sickness has caused for you?
- What do you fear most about your sickness?

--Arthur Kleinman et al.

# Perceptions of Disease and Illness

- Invasion of microorganism
- Deterioration of body due to age, accident
- Body imbalance
- Punishment by God
- Result of offending ancestors

# Perceptions of Healing and Curing

- Fighting an intruder
- Putting the body back in balance
- Making an atonement to God for wrongdoing
- Making peace with ancestors

# Perceptions of Doctors

- Healer
- Expert/miracle worker
- God's worker
- Shaman
- Confidant or family member
- Authority figure
- Someone who inflicts pain

# Wrap Up: Awareness

- Personal backgrounds
- Potential biases
- The need for culturally competent care
- The Anger Issue
- Aspects of medical culture including the hidden curriculum

# Wrap-Up: Knowledge

- Definitions – race, ethnicity, cultural group, cultural competence
- Mandates for culturally competent care
- Definition – the hidden curriculum
- Meanings - Disease vs. Illness
- Perceptions of Disease and Illness, Healing and Curing, Doctors

# Wrap-Up: Skills

- Interpreter use training
- Skills for addressing cross-cultural situations
- ± Spanish language skills training

# The LEARN Model

- Listen to your patient from his/her cultural perspective
- Explain your concerns and your reasons for asking for personal information
- Acknowledge your patient's concern
- Recommend a course of action
- Negotiate a plan with your patient that takes into consideration his/her cultural norms and personal lifestyle

# Individual and Group Action Plans

- What do we as an institution/you as residents do well?
- How can you continue doing these things?
- What can be improved upon?