

Cultural Competency Awareness

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Background

- Audience participation
- I will not deliberately offend
- Broad statements do not apply to all individuals

Questions?

Culturally Competent?

- Awareness of your own cultural assumptions
- Purnell Model
 - Unconsciously Incompetent
 - Consciously Incompetent
 - Consciously Competent
 - Unconsciously Competent

Purnell Model

- Cultures are different.
- All cultures share core similarities.
- Differences exist between and within cultures.
- Cultures change slowly over time in a stable society.
- Culture has powerful influence on one's interpretation of and responses to health care.

Purnell Model

- Each individual has the right to be respected for his or her uniqueness and cultural heritage.
- Caregivers need both general and specific cultural information to provide sensitive and culturally competent care.
- Caregivers who can assess, plan, and intervene in a culturally competent manner will improve the care of their patients.

Purnell Model

- Learning culture is an ongoing process and develops in a variety of ways but primarily through cultural encounters
- Prejudices and biases can be minimized with cultural understanding.
- Health care must reflect the unique understanding of the values, beliefs, attitudes, lifeways, and worldview of diverse populations and individuals.
- Differences in culture require adaptations to standard interventions
- Professions, organizations, and associations have their own cultures (subculture).
- Cultural awareness improves the caregiver's self-awareness.

Questions?

Class Survey

- I am culturally Competent
 - A = Agree
 - B = Disagree
 - C = Irrelevant / I don't care

Class Survey

- I have personally experienced cultural incompetence which negatively impacted me
 - A = Yes
 - B = No

Class Survey

- “Everyone living in America should immediately conform to the dominant cultural norms and beliefs, including religious and political beliefs, of the United States”
 - A = Agree
 - B = Disagree

Class Survey

- I am registered to vote as (or consider myself)
 - A = Republican
 - B = Democrat
 - C = Independent
 - D = Other
 - E = Not registered to vote not interested in politics

Voter Registration in the US

- Republican = 29%
- Democrat = 31%
- Independent = 38%

Class survey

- Gun control (Expanded background checks for gun purchases)
 - A = Favor
 - B = Oppose
 - C = No opinion

Gun Control in the US

- Favor = 65%
- Oppose = 29%
- No opinion = 6%

Class Survey

- Roe v Wade should be overturned
 - A = Agree
 - B = Disagree
 - C = No opinion

Roe v Wade in the US

- Should be overturned = 29%
- Should not be overturned = 53%
- No opinion = 18%

To conform

- Democrat
- Stricter background checks for gun purchases
- Support Roe v Wade

Why Culture Matters

- A culturally competent healthcare provider
 - awareness of his or her existence, sensations, thoughts, and environment
 - without letting these factors have an undue effect on those for whom care is provided.

Questions?

Definition

- Fundamental to all aspects of human existence
- Shapes the way people view life
- Tool to adapt to social and physical environment
- Sum of all beliefs, values, behaviors and symbols

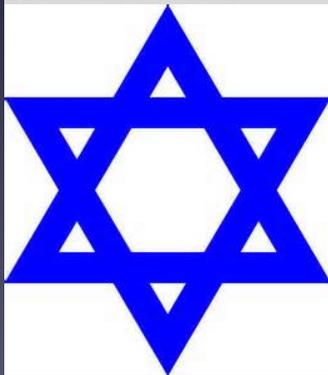
Definition

- Culture
 - Integrated system
 - Learned behaviors
 - Shared in a society
 - Not biologically transmitted
- Subculture

Culture

- All humans have culture
- Individuals in a culture share a general set of beliefs and values
- Assign similar meanings to symbols

Symbols



Culture

- All humans share basic behaviors
- People enact and group these behaviors differently across cultures

Culture

- Humans classify others as similar or different according to their own cultural standard
 - Every culture is ethnocentric

Cultural Beliefs

- Define what is good / bad, right / wrong
- Deeply held
- Ingrained in personality
- Difficult to fundamentally change
 - Superficial aspects easy to change

Cultural Domains

- Family and kinship
- Learning and Knowledge
- Aesthetics and recreation
- Time and space
- Economics and resources
- Politics and social relations
- Sex and gender
- Religion and spirituality
- Language and communication
- Sustenance and health
- History and myth
- Technology and material

Demonstrations

- Demonstrate cultural domains
- Then explain the domain
- It is sometimes difficult working across cultures to recognize cultural cues
- Demonstration -> discussion -> questions

Questions

Demonstration

- “The American founding fathers were racist misogynists and bigots.”
 - A = agree
 - B = disagree

History and myth

- History
 - Record of the past
 - Often verifiable
- Myth
 - Story used to explain
 - May or may not be literally true

Questions?

Demonstration

- EMT-P Squad Captain and EMT-P new hire
- Patient with 50 yo male HR 130, BP 60/30, RR 32, AMS, fever

Political and Social

- Political
 - Organization of power, leadership and authority
- Social
 - The ways individuals are linked to others in a community

Questions?

Demonstration

- “Wasn’t that a great high symble ? Except for that one guy that the thyle had to stop from oathing until he offered schyld it was just about perfect. It’s good to come together in frith.”

Religion and spirituality

- Religion
 - Cultural belief system that provides meaning to members of a community
 - Define proper behavior
 - Define shared identity

Questions?

Demonstration

- “Can my family ride in the ambulance, too?”

Family and kinship

- Traces descent
- People related through blood, marriage, emotional bonds

Questions?

Demonstration

- Watching the game

Sex and gender

- Sex
 - Biological / reproductive differences
- Gender
 - Cultural categorization of male / female

Questions?

Demonstration

- Business card exchange

Language and communication

- Language
 - System for sharing communication symbolically
- Communication
 - Sharing meaning and interaction
 - Verbal and non-verbal

Questions?

Demonstration

- Describe a lesson learned

Learning and knowledge

- Transmission of important information
- Fact, tradition, beliefs
- Formal and informal

Questions?

Demonstration

- A close conversation

Time and space

- Personal space
- Eye contact
- Low context time
 - Strict time management
- High context time
 - Focus on relationship building

Questions?

Demonstration



Aesthetics and recreation

- Forms of expression
- Beauty, skill, style

Questions?

Demonstration

- A quick snack

Sustenance and health

- Beliefs about disease and illness
- Methods of transforming natural resources into food

Questions?

Demonstration



Economics and resources

- Appropriate ways to produce, distribute and consume goods and services

Technology and material

- Used to transform the physical world

Questions

Examples

- Real patients
- Real providers

Class Survey

- Is it OK for a patient to have their religious symbol in their hospital room?
 - A= yes
 - B= no

Class Survey

- A patient's request to have a religious object that is not part of their religion removed from their hospital room should be honored
 - A = Agree
 - B = Disagree

Example #1

- I had the misfortune to burst a disk L5/S1 in my lower back,
- I spent a few months without sleep, and a few weeks in hospital(s).
- I determined that since I had both the sleep deprivation, and an endless supply of pain, it might be a good time to do some ordeal work to look for non-narcotic answers to dealing with pain and spasm,
- Also the narcotics took more of my internal defenses against pain away than they took pain, so I didn't even really get much use of them.

Example #1

- One of my kindred members, brought in my hammer that I had left on her alter.
- The nurse took a look at the scarred and battered old hammer, and didn't want to have it left with me, as she thought it was a weapon
- After several tries from [m wife] I to explain how this is a symbol of our faith and an important ritual tool to use in coping with pain and other effects of my injuries, the nurse was unwilling to accept that an actual object, as opposed to a cross or other obvious ornament, could be part of any religion.

Example #1

- I don't know honestly, or care much, whether she decided that the hammer was a legitimate religious symbol
- I asked several times to have the bible taken out of the drawer as I found its presence with my stuff to be offensive and intrusive, but that never seemed to sink in either.
- I took to turving it out the door, or as close as I could hit, just so it wouldn't be in my sightline, and I admit that when one volunteer tried to put it back while I was sleeping after I very calmly explained that was not my faith
- I took it from her hands, tore in in half, and told her not to make me have this discussion again.

Example #1

- I don't think that was hospital staff, but volunteers
- That last part strikes me not as a benefit to people in the hospital, but preying on vulnerable populations when they are incapable of defending themselves.
- I admit, sometimes I was unpleasant about it,
- began to feel like an attack when I was already brought to my lowest by wyrd.

Class Survey

- It is OK for hospital staff to imply that a patient is of the “wrong religion” if it is religion the staff is not familiar with / different from that of the staff
 - A=agree
 - B=disagree

Example #2

- My father was tall, blond, blue eyed and Buddhist.
- The last time he went into the hospital, he was moved from one hospital to another by ambulance. I got to the final place before him, so the nurse started asking me questions.
- When she got to religion, having cared for a few relatives, she said "United Methodist, correct?"

Example #2

- I replied no, he was Buddhist.
- She asked if I was sure.
- Then asked if my mother was aware I thought he was "such a thing".
- By this point, my mom was coming in with him, so I called out "Hey, Dad, what is your religion?" When he said Buddhist, she was so shocked, she tried to convince him he was mistaken.

Class Survey

- It is OK for a patient to wear religious jewelry if it doesn't interfere with medical procedures
 - A = Agree
 - B = Disagree

Example #3

- When I had pneumonia a few years back, the hospital kept wanting more x-rays of my lungs. My ex-husband had gently taken my valknut and hammer off a couple of times when he finally said to the technician "Look, these are religious symbols. Can't she just put them in her mouth while you x-ray her?"
- A couple of days later, when I was going for a broncoscopy, he took them and showed me which pocket they were going into, giving them back as soon as I was awake. When the nurse looked shocked at the hammer, he explained it. She was immediately helpful.

Class Survey

- Medical personnel (including chaplains) should make accommodations whenever possible for minority religious needs
 - A= agree
 - B= disagree

Example #4

- Two days after the surgery, while I was blasted on Dilaudid, the hospital chaplain came in. She asked if there was anything she could do for me, saying she had "read up" on Asatru and wasn't sure I would accept any prayers from her.
- I told her I was fine with prayers, they seldom hurt, but if she could, she could remind me somehow before I left to pour out something to Eir.
- Once I explained the process, she wrote a note and placed it in my discharge file, so on my discharge paper, right under wound care was "Make offering of thanks to the Goddess Eir."

Example #5

- [The patient] was a very intelligent and committed woman who suffers from a severely debilitating condition and, after a bad fall in her assisted-living situation, had to go into a full-care facility.
- The personnel there were freaked by her religion, refused to let her set up a harrow.
- I had to write a lengthy letter to the hospital explaining that [the patient] was not a devil-worshipper, that I had known her for a long time, that her religion and studies were a hugely important part of her emotional and mental well-being

Example #6

- Childbirth – a respected member of the family or community invited to be present at birth to wipe out the babies mouth because the first person to wipe out the mouth – baby takes on that person's personality.

Example #7

- Pt dx'ed as schizophrenic
 - atypical antipsychotics not helping hallucinations
 - pt stated his problems were from a curse put on him by a medicine man in Oklahoma. Needed a healing ceremony to cure him.
 - Had local traditional medicine man come to perform healing ceremony
 - gave pt a bag of tobacco
 - pt then less agitated and fewer hallucinations

Class Survey

- If a patient rejects modern medical care in favor of “traditional” healing methods they don’t get to change their mind or mix and match types of treatments.
 - A = Agree
 - B = Disagree

Example #8

- Lung cancer
 - pt chose traditional healing vs modern medicine
 - got metastases
 - Wanted modern medicine for pain control

Class Survey

- A provider should assist a patient with modifying their biological functions for religious reasons.
 - **A = Agree**
 - **B = Disagree**

Example #9

- Menses suppression using OCP to stop menses to be allowed into Sundance

Class Survey

- A patient who request a body part back (amputated limb, placenta, etc.) should get it back.
 - **A = Agree**
 - **B = Disagree**

Example #9

- Giving back the placenta to be buried under a tree planted to mark the birth of the child
- Post surgery – Pt requesting body part back for burial to keep the body and soul together.

Example #10

- “You should go to Tuesday Teaching. All the providers here goes to Tuesday Teaching. Don't you?”

Example #11

- “Have you been rescued by Landru?”

Thoughts?

Culture

- A culturally competent healthcare provider develops an awareness of his or her existence, sensations, thoughts, and environment without letting these factors have an undue effect on those for whom care is provided.

Competence

- Cultural competence is the adaptation of care in a manner that is consistent with the culture of the patient
- Conscious process
- Nonlinear

Conclusion

- Cultures are different.
- All cultures share core similarities.
- Differences exist between and within cultures.
- Cultures change slowly over time in a stable society.
- Culture has powerful influence on one's interpretation of and responses to health care.

Questions

