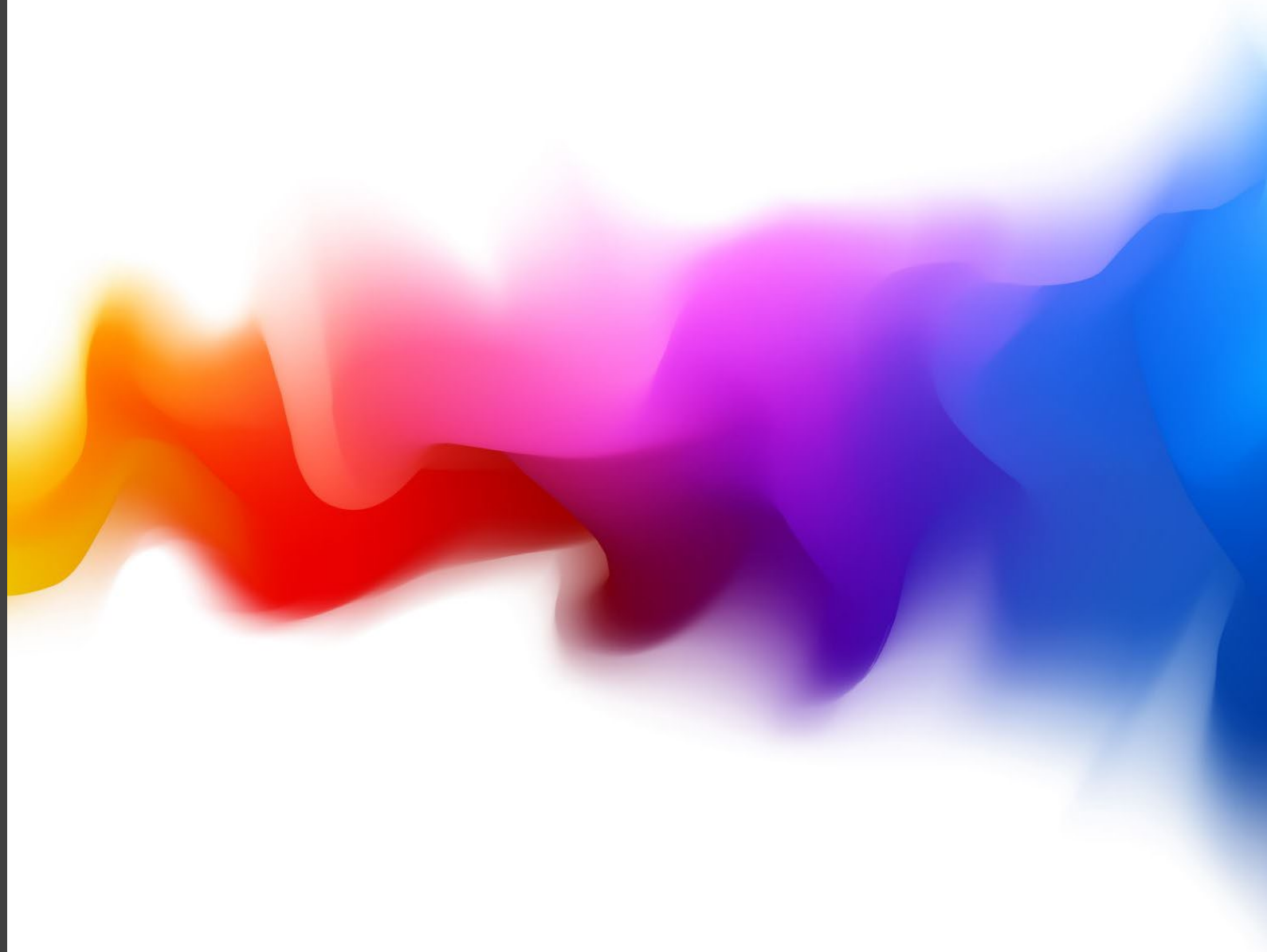
Multicultural Awareness Discussion



Let's get talking

How might you mitigate a situation with a patient (or their family) who distrust the healthcare system?

In what contexts might multicultural understanding in the US be important for health professionals

How will you work to increase your cultural awareness and humility?

What worries you about working with patients or other providers of a different background?

- In healthcare professions, it will be imperative to establish good working relationships with people from all walks of life. Talk about what you think will be your strengths and challenges in establishing these relationships with your future clients. How might those strengths and challenges differ in relation to:
  - young versus old clients
  - clients from different cultures
  - clients at different levels of health
  - clients of different socio-economic statuses

Something to be regularly thinking about

Know the community. Determine the major ethnic groups and languages spoken in your service area. Does the patient population reflect the community? If not, ask why not and look for opportunities. Evaluate community social risks and available resources. Develop and formalize referral relationships.

Why might a treatment plan for a patient of one demographic be a barrier for another?

Case Study 1

- Mrs. Hilda Gomez, a monolingual Spanish-speaking patient, came in to the clinic three days in a row to complain of abdominal pain. The first two times, the staff used her young, bilingual daughter to translate. They then treated Mrs. Gomez for the “stomach ache” she described. The staff didn’t understand why she kept returning with the same problem.

Digging deeper into a patient's needs

- Finally, on her third visit, the nurse located a Spanish-speaking interpreter. It turned out that Mrs. Gomez needed treatment for a sexually transmitted disease, but was too embarrassed to talk about her sexual activity with her daughter as interpreter. It taught the staff an important lesson.

Case Study 2

- Mrs. Amiya Nidhi was a young woman in her twenties who had recently immigrated to the United States from India. She was in the hospital to give birth. Her support person was her sister, Marala. Marala kept telling her to get an epidural, but Amiya said that even though she would like one, she could not get one; her husband would not allow it. Cindy, her nurse, overheard the conversation.

The case study continues

- Having learned that husbands are the authority figure in the traditional Indian household, she went to speak with Mr. Nidhi. She explained why an epidural would be advisable. She said that he seemed pleased that she came to him about it. He said he would think about it, and let her know. About thirty minutes later, he came to Cindy and told her that he would like his wife to have an epidural. Everyone was pleased. By using cultural humillity, Cindy helped her patient get the care she wanted, while still respecting the authority structure within the family

Case Study 3

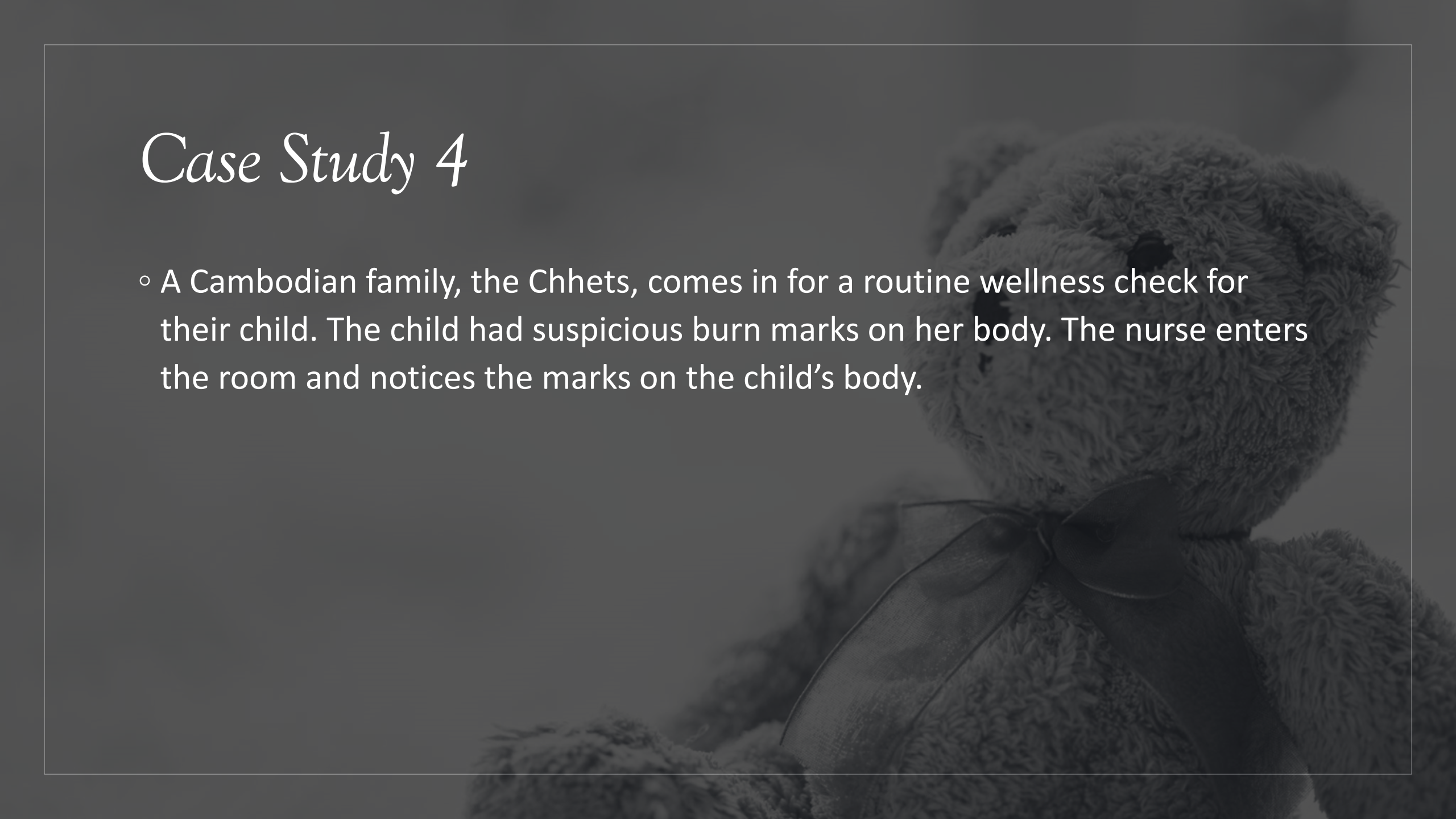
- A twenty-eight-year-old Arab man named Mr. Abdul Nazih refused to let a male lab technician enter his wife's room to draw blood. His wife, Mrs. Sheida Nazih, had just given birth.

Connecting with families and their customs

- When the nurse finally convinced Abdul of the need, he reluctantly allowed the technician in the room. He took the precaution, however, of making sure Sheida was completely covered. Only her arm stuck out from beneath the blankets. Abdul watched the technician intently throughout the procedure.

Case Study 4

- A Cambodian family, the Chhets, comes in for a routine wellness check for their child. The child had suspicious burn marks on her body. The nurse enters the room and notices the marks on the child's body.



Cultural Medicine

- While first instinct might be to make a child abuse case and bring in a social worker, instead of assuming child abuse, she first interviewed both parents separately. Both explained that they had treated their child using cupping and coining to make her feel better and help her recover more quickly. Amelia then explained to her supervisor what she had learned from the parents, and they decided it was not a child abuse situation.

Competence vs Humility

THOUGHTS?

WHY MIGHT COMPETENCE BE PROBLEMATIC?

HOW CAN YOU ENSURE HUMILITY IN YOUR PRACTICE?

Cultural Bridging

1. **Recognize cultural differences.**
2. **Recognize individual differences.**
3. **Be aware of your behaviors.**
4. **Show respect. (don’t expect a person to educate you on their culture or background)**
5. **Speak clearly.**
6. **Be transparent.**
7. **Clarify and ask for clarification when needed.**
8. **Involve the whole group.**
9. **Give credit when it is due.**
10. **Recognize that people learn at their pace.**

Takeaways?

Where have you seen cultural humility demonstrated (or seen a need for it)?

What have you gained in relation to multicultural awareness?

How will you approach patients keeping culture, customs, and beliefs in mind without generalizing a group's traits to all?

Other thoughts?