

Intercultural Disposition and Communication Competence

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Session Learning Objective

Identify effective approaches to improve patient-provider communication using evidence-based communication tools and techniques

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Intercultural Disposition

- A general “cross-cultural attitude”
- Begins with self-awareness
- Characterized by
 - the ability to empathize with people from other cultures
 - being an astute noncritical observer of one’s own and other people’s behavior
 - being less ethnocentric
 - being accurate in perceiving differences and similarities between the one’s own culture and other cultures
- Growth can occur by increasing awareness and knowledge through direct exposure to and interaction with individuals and groups different from oneself

Reference: Gudykunst W et al. In: *Communication Yearbook*. 1977.

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Culture and Communication

- Culture shapes and contextualizes communication in many ways
- Some examples include
 - Who communicates with whom (e.g. hierarchy, social order)
 - How information is communicated
 - Verbal and non-verbal cues
 - Communication styles
 - Organization of information and ideas
 - How individuals focus attention when communicating
 - How conflict is handled



Clues to Communication Difficulties

- Mismatch between what the patient/family is saying verbally and nonverbally
- Dissatisfaction with care and services
- Resistance to recommendations for care
- Lack of adherence to care plan
- Conflict with health care providers
- Patient/family does not return for care or services
- Others?

Slide source: UCSF Center for the Health Professions.

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Fundamental Communication Elements for Encounters

Building the
Relationship

- Open the discussion
- Gather information
- Understand the patient's perspective
- Share information
- Reach an agreement on problems and plans
- Provide closure

Reference: Makoul G. *Acad Med* 2001.

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Building the Relationship

- Fundamental element of encounter
- Involves sharing ideas and decision-making about
 - Encounter agenda
 - Nature and meaning of disease, illness, and treatment options

Reference: Makoul G. *Acad Med* 2001.

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Establishing Rapport

- Greet the patient
- Introduce yourself
- Proactively inquire about/observe and respect their communication-related preferences
 - How to be addressed
 - Language and literacy-related issues
 - Communication style
 - e.g., degree of formality and directness



Building Rapport

- Brief (one-sentence) non-medical interaction
 - Ask open-ended question about or specific to the patient
 - Make comment specific to the patient
- Utilize culturally appropriate non-verbal cues tailored to the individual patient
 - Eye contact
 - Physical contact (shaking hands, touch)
- Ask open-ended questions throughout the encounter

Reference: Mauksch LB et al. *Arch Int Med* 2008.

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Nurturing Rapport

- Engage in active, curious, reflective listening
 - Listen to and visually observe the patient
- Check your assumptions
 - Pay attention to your own thought processes to avoid cognitive shortcuts regarding non-verbal cues and/or information you receive
- Track the topic
 - Maintain focus on agreed-upon agenda by
 - Summarizing (sharing your impression of what has been discussed)
 - Acknowledging shift from original agenda (process transparency by describing the interaction)
 - Confirming agreement on discussion focus for the remainder of the encounter

Reference: Mauksch LB et al. *Arch Int Med* 2008.

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Fostering Trust

- Acknowledge social and emotional cues
- Demonstrate caring behaviors
 - Verbal and nonverbal cues tailored to cultural nuances
 - Includes *empathy*
 - To see and understand the world from another's perspective
 - Demonstrated by repeating or rephrasing what has been said to show you are working to identify their feelings and concerns
 - Avoid judging or negating responses
 - Remain objective in challenging situations
 - Avoid making statements that shift focus of the situation from the patient onto yourself

References: Tanzi MG. *Pharmacy Today* 2008.
Mauksch LB et al. *Arch Int Med* 2008.

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Framework Models

- Acronyms or mnemonics to help providers incorporate culturally competent behaviors and techniques into patient-provider interactions and communication
 - Kleinman's questions
 - LEARN
 - RESPECT
 - ADHERE
 - CRASH
 - PEARLS
 - Many others....



Linguistic Competence

- Identifying and accommodating a patient's language preference
- Vital to communicating accurately and effectively with the patient and their family/care provider(s)

Identifying Language Assistance Needs: The Census LEP question

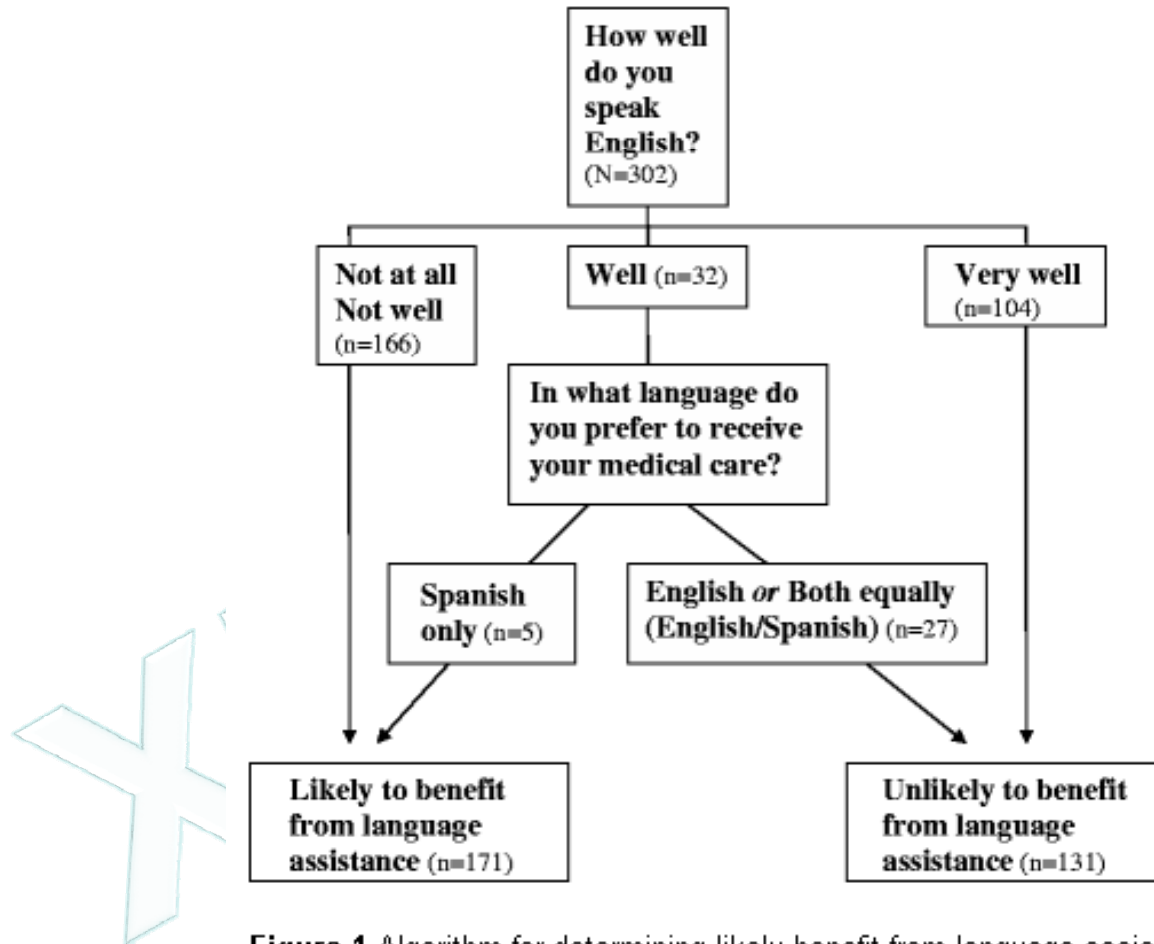


Figure 1 Algorithm for determining likely benefit from language assistance.

Reference: Karlinger LS et al. *JGIM* 2008.

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When to Use an Interpreter

- Based on clinical situation
 - Need to understand the patient's perspective to accurately assess the problem
 - Complex clinical scenarios
- Degree of language gap
 - Patient and provider fluency
- Available resources
- Patient preference
 - Informing patients
 - Respecting their wishes



Reference: Schenker Y et al. *Ann Int Med* 2008.

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Choosing an Interpreter

When you have the option...

- Use a professionally trained (“certified”) interpreter
 - National standards available through the National Council on Interpreting in Health Care (NCIHC) at www.ncihc.org
- Avoid using staff or other colleagues if they lack formal training
- Avoid using family members or friends, especially those of a different age or gender than the patient, unless the patient has specifically requested this
- Be sensitive to the patient's right to privacy and their choice of who should act as an interpreter. *Problems can arise when the interpreter is of the same social group, or a different age, gender, social class, and/or educational level as the patient.*

Slide source: UCSF Center for the Health Professions.

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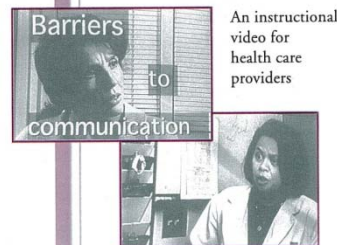
Interpreting Resources

- Dual-role fluent staff
- Fluent provider
- Remote Medical Interpreter (RMI)
 - Can be simultaneous or non-simultaneous
 - e.g., telephone-based services such as ATT Language Line
- Videoconferenced interpreting services
- Certified medical interpreter
 - Bonus if also a “cultural broker”

Working Effectively with Interpreters

- Involves awareness, knowledge and skills
- Requires training followed with practice

Communicating Effectively Through An Interpreter



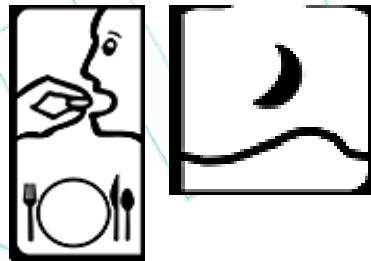
e.g., DVD available through the Cross Cultural Health Care Program (www.xculture.org)

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Working with LEP Patients

- A picture is worth a thousand words
 - USP pictogram library
 - www.usp.org/audiences/consumers/pictograms/form.html
 - Beware of the cultural context of pictograms





Don't Forget About Health Literacy

- Organize information from the patient's perspective
 - Make information personally relevant
 - Focus on desired outcome/behavior
- Tailor information to patient's reading level
- Use active voice, short sentences, and lay language
- Use benchmarks for comparison
- Supplement with written and/or visual materials
 - Use white space in print materials



Effective Communication

- Occurs when provider and patient interact and talk with each other
- Tailored to the patient's linguistic preferences and cultural norms
- Two-way process
 - Acknowledges and addresses patient's perspective
 - Exchange of accurate information
 - Shared agenda-setting and decision-making
- Demonstrates respect for the patient
- Builds rapport and trust



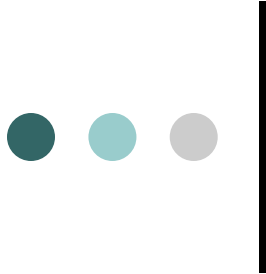
Reaping the Rewards

- Effective patient-provider relationships and communication are associated with
 - Enhanced patient satisfaction
 - Improved self-management
 - Greater adherence to treatment plan
 - Better health outcomes
 - Reduced medical costs

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“People don’t get along because they fear each other. People fear each other because they do not know each other. They don’t know each other because they have not properly communicated with each other.”

Martin Luther King Jr.