

Practical Things That Can Be Done in the 15-minute Office Visit

What Specific Strategies Can I Use to Ensure that the Care I Deliver is Culturally Competent?

Imagine that you are a primary care provider about to see a new patient in the middle of a busy afternoon schedule. You look at the schedule and see that the patient is a 60-year old Hmong woman based on your assessment of her name. You immediately begin to strategize your approach to this patient to make this visit a rewarding and worthwhile encounter for both you and the patient. This is the beginning of a long and fruitful therapeutic relationship because you understand how to best approach this patient's care even though she is from a completely different culture and speaks a very foreign language compared to your own.

So, what happens before the appointment?

1. Assessment of the patient's need for a trained healthcare interpreter
 - a. When the patient or her English-speaking relative calls in for the appointment, an assessment is made of her language interpretation needs.
 - b. The patient is encouraged to use a trained interpreter rather than a family member as is done in many provider offices.
 - c. Data regarding the patient's ethnicity and language needs are entered into the practice management system for future use.
2. The patient is sent basic information about how to get the most out of the healthcare visit.
 - a. The information is culturally and linguistically appropriate.
 - b. The information takes into account the potential for low literacy in the reader.

What happens when the patient arrives at your facility?

1. The patient is greeted by your receptionist.
 - a. The greeting used by the receptionist is culturally and linguistically appropriate based on the patient's ethnicity and language.
 - b. An interpreter is called to the reception desk if needed.
 - c. The check-in and registration process is completed by staff that is trained in the best way to communicate about this process in the patient's dominant language.
2. The patient is prepared for the visit with the medical provider by the Medical Assistant.
 - a. A Learning Needs Assessment is performed with the assistance of the M.A. using a standardized form that assesses the patient's educational level, preferred language for spoken and written language, and self-assessments of reading skill, preferred learning modality, and barriers to learning (including deficits in vision or hearing).
 - b. Other – screening for common disorders is performed based on the epidemiology of the patient's ethnic group (e.g., diabetes, depression, PTSD)

What happens during the encounter with the medical provider?

1. You quickly review the 1-page summary you have of the cultures your practice encounters. The summary includes tips on communication, health beliefs, etc.
2. Initial greeting – by knowing the patient's dominant language, you greet the patient in her language (Nyob zoo – pronounced “nah zhong”). The patient immediately smiles,

knowing that you recognize and respect her unique language and culture. Even though the rest of the encounter is performed with the help of an interpreter, you have created a connection that sets the tone for your future relationship.

3. Basics of the interaction
 - a. Respect, empathy, genuineness, and appreciation of cultural differences
 - b. Exploration of the patient's unique experience, concerns, and preferences
 - c. Importance of verbal and nonverbal communication
 - d. Conscious neutralization of bias; "cultural humility"
 - e. Awareness of family and gender roles

4. Use of an interpreter – Ideally, you have a trained healthcare interpreter, but you are prepared to work with a completely untrained interpreter if there are no other options.
 - a. Cultural Mediators or dedicated healthcare interpreters
 - b. Telephonic interpretation
 - c. Clinical staff that have completed interpreter training
 - d. Untrained interpreters

5. Communicating across cultures – the LEARN model (Berlin and Fowkes)
Listen with empathy and understanding to the patient's perception of the problem.
Explain your perceptions of the problem.
Acknowledge and discuss the differences and similarities in beliefs about the problem.
Recommend a treatment or solution to the problem using easily understood terminology.
Negotiate an action plan with the patient and his/her family.

6. Assessment of acculturation level – the GREET model (Chong). This helps you to understand the context of the patient and what he/she may understand in your explanation about the illness, the treatment, and mutual expectations for ongoing management.
Generation (the immigrant generation may be less acculturated than later generations)
Reason for immigration (refugees may be less acculturated than those who had free choice)
Extended family (extended family can create a buffer that delays acculturation)
Ethnic behavior (use of traditional clothes, language, rituals may signify less acculturation)
Time living in the USA (less time here can mean lower acculturation level)

7. The patient's explanatory model (health beliefs) – "the Kleinman model"
What do you call the problem?
What do you think has caused the problem?
Why do you think it started when it did?
What do you think the sickness does? How does it work?
How severe is the sickness?
What kind of treatment do you think you should receive? What results do you expect?
What are the main problems caused by the sickness?
What do you fear the most about the sickness?

So you end the appointment with a nod of the head and a smile towards the patient and her husband, along with a "thank you" or "good bye" in Hmong. And you continue to enjoy the richness of clinical practice that involves caring for a multi-cultural community.