



Communication Skills

for the HealthCare Professional

Cultural Competence

Principles of Cultural Identity

Everyone is influenced by cultural programming which influences our behavior, and what, when, how and to whom we communicate.

When we recognize that we have our own cultural identity, we have the ability to learn more about the communication with others.

Whatever was the “mainstream” culture a decade ago may not be so today and such a term is relatively meaningless.

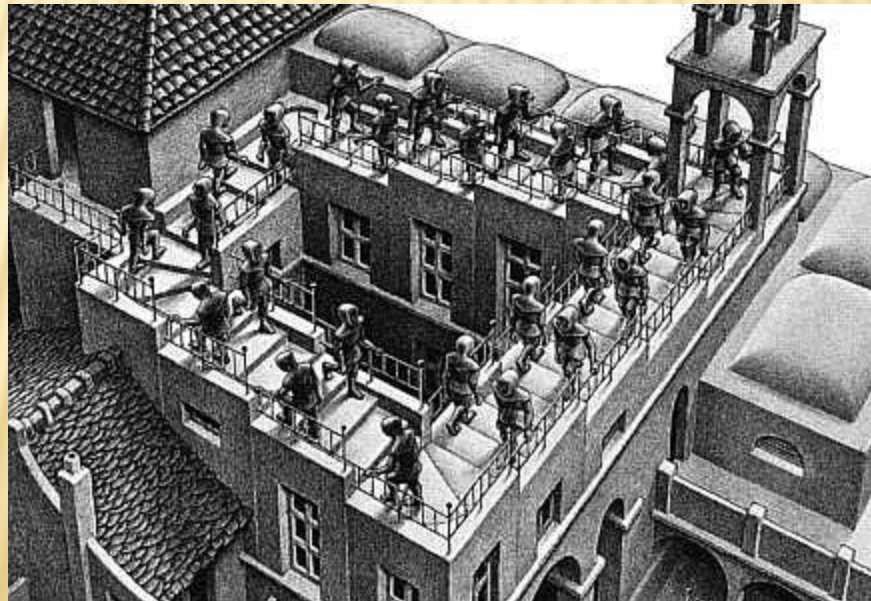
Before you can understand an individual or family, it’s best to consider cultural values of the individual or family and the impact that they may have on the individual or family.

Everyone is different and should be thought of in that light, not as equal, but different.



Communication Skills

- ✘ “I know you think you know what you think I said, but that’s not what I meant. What I really meant was not what I said but what I implied...”



Communication Skills

✘ Culture-

- + Identifiable integrated pattern of human behavior that includes customs, beliefs, values, behaviors, and communications
- + Can be observed in racial, ethnic, religious and social groups
- + Can be reflective of age, gender, ethnic and social group differences
- + Everyone has a cultural identity, usually several!

Communication Skills

✘ Ethnicity-

- + A dynamic and complex concept referring to how members of a group perceive themselves and how, in turn, they are perceived by others in relation to the population subgroup's common heritage of customs, characteristics, language, and history.

Cultural Blindness

- ✘ Blind to their own cultural influences and do not perceive the influences of culture in others' responses.

Profess that all people are the same and culture or ethnicity make no difference

What would work for one will work for everyone!



Cultural Competence

Personal Attributes

Personal qualities that reflect a capacity to respond flexibly to a range of possible solutions (openness and non-judgmental attitudes)

Acceptance of ethnic differences between people

A willingness to work with patients of different ethnic minority groups

Articulation and clarification of personal values, stereotypes, and biases about their own and others' ethnicity and social class and ways in which these may accommodate or conflict with the needs of ethnic minority patients

Personal commitment to change bias and racism

Resolution of feelings about one's professional image in a field that has systematically excluded people of color

Cultural Competence

Knowledge

Of the culture: history, traditions, values, family systems, artistic expressions, etc. of patients

Of the impact of class and ethnicity on behavior, attitudes and values

Of the help-seeking behavior of patients

Of the role of language, speech patterns, and communication styles in ethnicity in ethnically distinct communities

Cultural Competence

Knowledge

Of the impact of social-service policies on patients

Of the resources: agencies, persons, informal helping networks, and research that can be utilized on behalf of patients and communities across groups

Recognition of the ways that professional values may conflict with or accommodate the needs of ethnic minority patients

Of power relationships within the community, agency or institution and their impact on ethnic minority patients

Cultural Competence

Skills

Techniques for learning the cultures of patient groups

Abilities to communicate accurate information on behalf of ethnic minority patients and their communities

Abilities to openly discuss racial and ethnic differences and issues and to respond to culturally based cues

Abilities to assess the meaning that ethnicity has for individual patients

Cultural Competence

Skills

Abilities to identify stress arising from the social structure

Techniques of interviewing that reflect an understanding of the role of language in the patient's culture

Abilities to utilize the concepts of empowerment on behalf of patients and their communities

Abilities to recognize and combat racism, racial stereotypes, and myths in individuals and in institutions

Cultural Competence: It's all about YOU!

Recognizing your cultural programming

What is YOUR cultural heritage? Where were you born, what are your current affiliations and religious and ethnic alliances, how do you describe yourself?

What reactions/curiosities do you have about your own cultural programming?

Does any aspect of your cultural identity come in conflict with other aspects? Do you see yourself as assertive, but your culture does not support this behavior?

What is the most influential part of your cultural programming?



Cultural Competence: It's all about YOU!

Recognizing your cultural programming

How does your cultural programming affect your communication: are there things that you would share only with close family members?

What do you know about the cultural programming of others? How can you learn more? Does their communication give you clues about their cultural programming?



Where Cultural Differences Exist...

Aspects of Culture	Pt.'s Cultural Reference	If your cultural patterns are:
Values & norms	Formal: bows, embraces, handshakes, kissing	Informal: handshakes
Beliefs & Attitudes	Hierarchical destiny predetermined race, class, gender inequality	Egalitarian Determinism Individualized race, gender equality
Relationship Patterns	Focus on extended family. Loyalty and responsibility to the family of origin. Relational intimacy less important	Focus on nuclear family; independence from family is valued. Interpersonal intimacy is desired

Where Cultural Differences Exist...

Aspects of Culture	Pt.'s Cultural Reference	If your cultural patterns are:
Communication & Language	Focus on extended family. Loyalty and responsibility to the family of origin. Relational intimacy less important	Explicit, direct communication. Emphasis on content of message
Daily Activities	Religion may control dress. Eat when hungry. Value on promptness, efficiency.	Wide range of dress/style accepted. Eat at a social function. Time is relative. Schedules are changed to accommodate relationships.

Behavioral signs of a good listener...

- ✘ Eye Contact

 - + Engaged, not staring or glaring

- ✘ Postural Position

 - + Facing the pt. , open postures, flexible movements



Behavioral signs of a good listener...

✘ Verbal Quality

- + Pleasant, interested, appropriate tone
- + It's inappropriate to express concern when there is no reason for concern



Behavioral signs of a good listener...

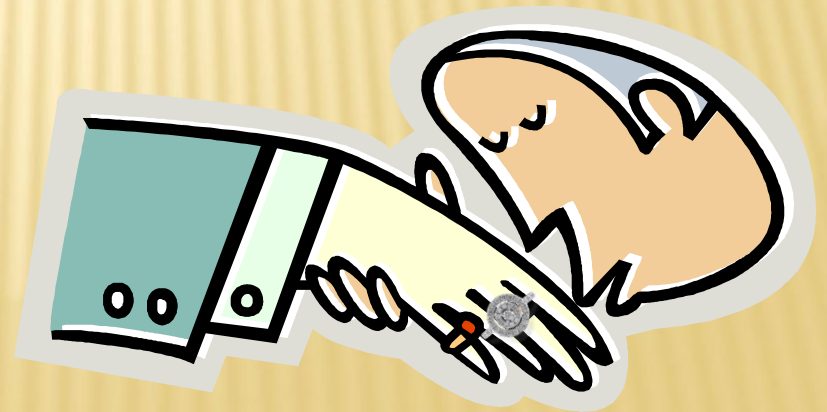
✘ Verbal Messages

- + Wording must be in terms that the pt. can understand & consider the pt.'s own words and experiences



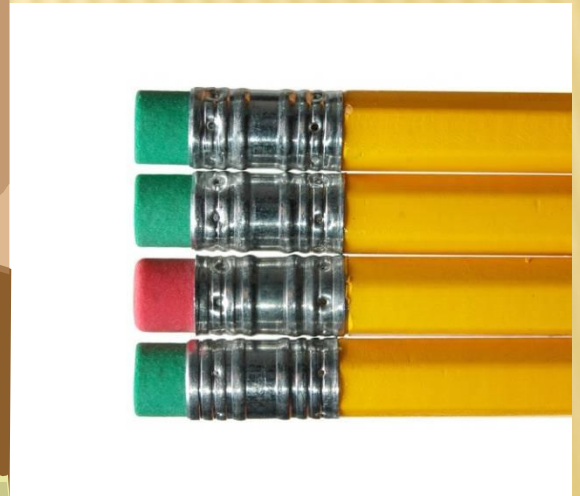
Trust, Respect, and Genuineness

- ✘ Trust encompasses respect.
- ✘ All patient-provider encounters, if they are to be therapeutic, must be based upon respect and genuineness.



Trust, Respect, and Genuineness

- ✘ Respect means acknowledging the value of patients and
- ✘ accepting their individuality as well as their unique needs and rights.



Trust, Respect, and Genuineness

- ✘ Genuineness refers to a provider's ability to be open and honest with the patient.
 - + Providers who are genuine are congruent in the communications
 - ✘ Verbal statements are congruent with verbal and nonverbal communications



Trust, Respect, and Genuineness

- + Often achieved by self disclosure, but only if used carefully!
- ✗ Some disclosures can create the opposite effect and create distance

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Establishing Trust

Global Behaviors

Honesty

Consistency

Respect and caring, openness and genuineness

Reliability, adequate follow-up and follow through

Congruence between verbal and nonverbal communication



Establishing Trust

Specific communication techniques

Direct acknowledgement, appreciation of a pt.'s uniqueness

Informing about and clarifying expectations

Continued supportive responsiveness

Verbal expressions of positive regard, including respect, warmth, and caring

Active listening

Nonverbal expressions of positive regard-smiling, appropriate eye contact, warmth in tone of voice, and approachable body posture



Learning & Anxiety

Level of Anxiety	Effects on Patient
Mild	<p>Sensory perception and ability to focus are broad. The ability to observe oneself and what is going on is enhanced. Connections between events are made and verbalized. At this level, learning can take place. The individual who is at this level of anxiety is alert and able to function in emergencies.</p>
Moderate	<p>Sensory perception is somewhat narrowed, but alertness continues to be the extent that the individual is able to concentrate on a delineated focus. With some effort, concentration on relevant data is possible, and appropriate connections are made as long as the individual is able to shut out irrelevant data.</p>

Learning & Anxiety

Level of Anxiety	Effects on Patient
Severe	Sensory perception is greatly reduced. The person focuses on a small detail of an experience and is unable to make connections among scattered details. The individual is unable to get a total picture of an experience. Learning cannot take place.
Panic	There is a major dissociation of experience, and the person does not notice or remember major experiences. Details become enlarged and distorted. Communication is not understood by the listener, and personality disorganization is apparent. The individual is in a state of 'terror.' At this level of anxiety, learning cannot take place. The immediate goal is to get relief.

Patient Education & Learning “ASSURE”

- ✘ **A**nalyze the learner
- ✘ **S**tate the teaching POC (designed with or for the learner).
- ✘ **S**elect teaching methods and educational materials for the learner.
- ✘ **U**se teaching methods and educational materials during interventions.
- ✘ **R**equire learner performance.
- ✘ **E**valuate and re-evaluate the teaching POC.

Patient Satisfaction?



- ✘ Does the patient trust you?
- ✘ If you are perceptive as a listener and careful as an observer, noticing small details, you will have a glimpse into the life of the patient.
- ✘ Did you take the time to determine the patient's needs?



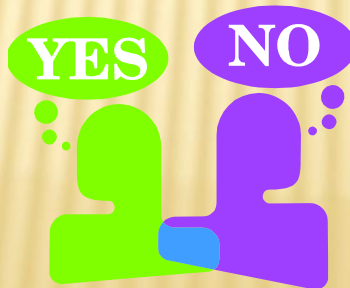
Patient Centered Teaching

- ✘ Listen to the pt's feelings, language, and values;
- ✘ Communicate in layman's terms;
- ✘ Help the pt. understand
- ✘ Showing empathy and establishing a partnership with the pt.



Patient Centered Teaching

- ✘ Considering the pt's unique views on health and disease;
- ✘ Demonstrating respect for the pt's knowledge, values, and feelings;
- ✘ Acknowledging in a respectful way differences in values or points of view.



Patient Centered Teaching

- ✘ Supporting the pt's teaching and learning;
- ✘ Facilitating the pt's problem solving; acknowledging pt. difficulties; providing different teaching styles.



Patient Centered Teaching



- ✘ Define pt's learning goals
- ✘ Identify pt's beliefs, thoughts, values, and feelings that might affect the goals
- ✘ Identify pt's short and long term goals for teaching and learning
- ✘ Facilitate pt's commitment to learn and change
- ✘ Facilitate pt's self-assessment of learning process

Patient Centered Teaching

- ✘ Adapt pt. education by considering the pt's :
 - + teaching and learning styles & preferences
 - + culture, ethnic traditions, homelessness, and addiction
 - + economic and educational status
 - + health and literacy level
 - + family patterns and situations
 - + traditions, including alternative and folk remedies



Patient Centered Teaching

- ✘ Adapt patient teaching to allow better communication with the patient
 - + In a language and at a level that the patient understands



Effective Listening Skills

- ✘ Listening to the other person with undivided attention
- ✘ Using verbal and nonverbal expressions when listening



Effective Listening Skills

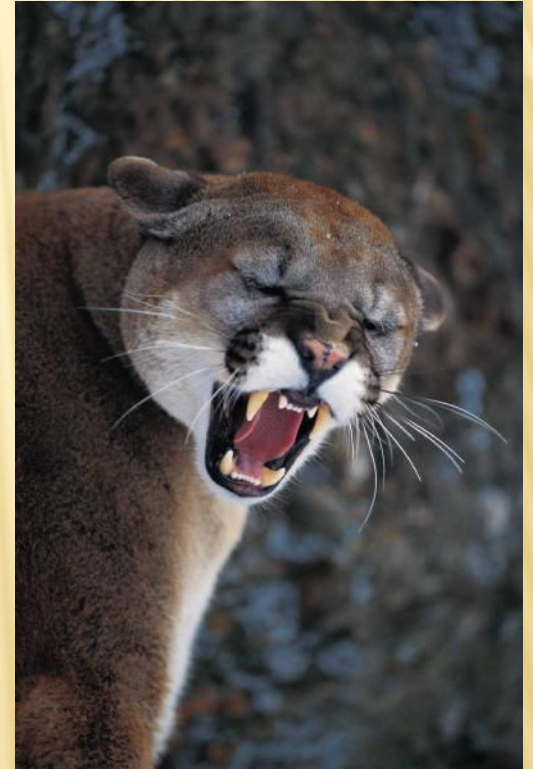
- ✘ Acknowledging the other person's whole message
- ✘ Checking with the other person to verify correct understanding of the meaning of the message
- ✘ Asking the other person questions to clarify the meaning.



Body Language Patterns

✘ Aggressive Patterns

- + Forward movement gestures, demanding tone of voice, angry expression, sustained eye contact
 - ✘ Shows defensiveness in the other person



Body Language Patterns

✘ Appeasing pattern

- + Shy gestures, a soft tone of voice, apprehensive expression, minimal eye contact
 - ✘ Shows defensiveness in the other person



✘ Non-defensive pattern

- + Normal posture, usual expression, frequent eye contact



Teaching Health Information

✘ It must be:

- + Accurate
- + Available
- + Balanced
- + Consistent over time
- + Culturally competent
- + Evidence based
- + Reliable

+ Repetitive

+ Targeted

+ Timely

+ Understandable



Patient Education Guidelines Written Materials

- ✘ Fonts, a 12 point is the minimum
 - + Arial is a clean example
- ✘ Use the same font throughout the document
- ✘ Emphasize major points with **bold**
 - + **Bullets can also help the reader with information**
 - + **DO NOT USE ALL CAPITAL LETTERS> IT LOOKS LIKE YOU ARE SHOUTING AND CAN BE DIFFICULT TO READ.** All of the words start to look rectangular and look the same.

Patient Education Guidelines Written Materials

- ✘ There needs to be open space on the page for the pt. to be able to follow the information and prevent it from looking cluttered.
- ✘ Use the left margin for alignment.
- ✘ It's easier for tracking information than when the information is centered.