Cultural Competence:

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Objectives

1. Understand why cultural competence is important for providing quality care
2. Define Cultural Competence
3. Learn strategies for ensuring that we are a culturally competent clinician

UNEQUAL TREATMENT: WHAT HEALTHCARE PROVIDERS NEED TO KNOW ABOUT RACIAL AND ETHNIC DISPARITIES IN HEALTH CARE

March 2002

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- Cultural and linguistic barriers found to be a major contributing factor to disparities
- “Healthcare providers should be made aware of racial and ethnic disparities in healthcare, and the fact that these disparities exist, often despite providers’ best intentions.”


- Some recommendations:
  - Awareness that these disparities exist despite our best intentions
  - Cross-cultural education for all current and future health professionals
  - Cross-cultural education can enhance awareness of how cultural and social factors influence healthcare

The 8 Primary Diversity Dimensions:

1. Age
2. Race
3. Gender
4. Sexual Orientation
5. Ethnicity/Nationality
6. Mental/Physical Ability
7. Socioeconomic
8. Religion
Vision Statement for the Physical Therapy Profession

- Adopted by APTA's House of Delegates (2013)

- "Transforming Society by Optimizing Movement to Improve the Human Experience"

Guiding Principles to Achieve the Vision

Bottom Line:

- Cultural Competence is critical for:
  - Reducing disparities through culturally sensitive and unbiased quality care
  - Maximizing patient outcomes
  - Enhancing patient satisfaction

- CAPTE criteria for evaluation of PT programs
Bottom Line:

- US Dept. of Health and Human Services, Office of Minority Health, Agency for Healthcare Research and Quality advocate for culturally competent care to meet needs of all individuals
- Embedded in major APTA documents

What is Cultural Competence?

- Not limited to race or ethnicity
- “Achieving cultural competence as a physical therapist or a physical therapist assistant is a process that is cultivated within the individual through acquisition of knowledge, attitudes and behaviors specific to culture, language and communication” (from APTA’s “BLUEPRINT FOR TEACHING CULTURAL COMPETENCE IN PHYSICAL THERAPY EDUCATION”, 2008)

What is cultural competence?

- Set of congruent behaviors, attitudes, and policies.
- Enable the system, agency or professionals to work effectively in cross cultural situations.
- Culture implies integrated pattern of human behavior including thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious or social groups.
- Competence-capacity to function effectively.

What is cultural competence?

- A developmental process (Cross, 1989; Campinha-Bacote, 1999)
- “Cultural competence is the process of becoming, not a state of being”


Factors that contribute to development of Cultural Competence

- Value diversity
- Capacity for cultural self assessment
- Be conscious of the dynamics inherent when cultures interact
- Institutionalize cultural knowledge
- Adapt service delivery to reflect understanding of diversity between and within cultures

(Cross, 1989)
Being Culturally Competent means:

• To effectively manage and interact with diverse individuals in a dynamic society
• To identify and respect patients’ differences, preferences, expressed needs, values, beliefs, and healthcare practices
• To take into consideration the potential impact of culture on evaluation, plan of care, and interventions

Principles of cultural competence

Values and Attitudes

• Be knowledgeable about cultural differences and their impact on attitudes and behaviors.
• Be sensitive, understanding, non-judgmental, respectful.
• Be flexible and skillful in responding and adapting to different cultural contexts and circumstances.

Principles of cultural competence

Communication Styles

• Spend time listening to needs, views and concerns of the community.
• Use the language and dialect of the people you serve.
• Use communication vehicles that have value and use by your target audience.
Principles of cultural competence

Community/Consumer Participation

- Get to know the community, its people, its resources to identify strategies for service delivery.
- Establish partnerships and relationships with key community resource people.
- Report back the results of your initiatives to groups, individuals that help you in the process.

Goals of Cultural Competence

Education:

- To increase self-awareness about the diversity dimensions and how the presence of barriers associated with cultural INCOMPETENCE can adversely affect the patient interaction and society as a whole.
- To provide knowledge, attitudes, and skills that enable the physical therapy practitioner to demonstrate best practice through clinical excellence and social responsibility

L.E.A.R.N. Model—A model for culturally effective communication

- **Listen**: Start with open-ended questions; inquire about need for interpreter; don’t interrupt as patient speaks
- **Elicit**: The patient’s health beliefs and how they pertain to condition, reason for visit, and expectations
- **Assess**: Potential attributes and problems in the person’s life that may impact health and health behaviors
- **Recommend**: A plan of action with explanation of rationale
- **Negotiate**: A plan of action with patient after you have made your recommendations

(Berlin EA, Fowkes WC. Teaching framework for cross-cultural Care: Application in Family Practice. West J. Med. 1983; 139(6):934-938.)
The RESPECT Model*

- R Respect
- E Explanatory model
- S Socio-cultural context
- P Power
- E Empathy
- C Concerns and fears
- T Therapeutic Alliance/Trust

Boston University Medicine Residency Diversity Curriculum Work Group, 2001

Respect
- A demonstrable attitude involving both verbal and non-verbal communications.
- Consciously attempt to suspend judgment.
- Recognize and avoid making assumptions.

Explanatory model
- What is the patient’s point of view?
- Seek out and understand the patient’s rationale for his/her behaviors or illness.

Sociocultural context
- Class, race, ethnicity, education, sexual norms and orientation, family and gender roles for example
- Ask about and try to understand barriers to care and adherence.
- Help the patient overcome barriers.

Power
- Power differential between patients and providers
- Be flexible with regard to issues of control.
- Negotiate roles when necessary
- Stress that you will be working together to address medical problems.
Empathy
• Putting into words the significance of the patient’s concerns so the patient feels understood.

Concerns and fears
• Eliciting the patient’s emotions and underlying concerns of her/his symptoms

Therapeutic Alliance/Trust
• A measurable outcome that will enhance adherence and compliance.
• Take the necessary time and consciously work to establish trust.

Thank You!!
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