Cultural Competence
Learning Guide
INTRODUCTION

Welcome to CultureVision’s Cultural Competence Learning Guide, a combination of education, exploration, and self-analysis around cultural competence and the clinical encounter.

The content and activities available in this guide have been designed to benefit all users of CultureVision, and to serve as a valuable introduction or refresher on cultural competence and applying the knowledge contained on CultureVision to interactions that occur in the healthcare workplace.

Contained within this guide is a walkthrough of the five building blocks of cultural competence: open attitude, self-awareness, awareness of others, cultural knowledge, and cultural skills. You will be asked to evaluate your strengths, challenges, and growth opportunities in each of these areas, and consider next steps in developing your culturally competent patient care.

From there, you’ll begin the process of self-analysis. You will be provided scenarios that simulate intercultural interactions, and asked to complete a series of questions reflecting on your approach to the situation. This activity will uncover your values and beliefs in order to increase your own self-awareness, and prompt you to explore the impact of your own background on the clinical encounter.

Then, you’ll practice turning the cultural knowledge contained within CultureVision into actionable steps you can apply on the job. Lastly, you’ll be asked to design scenarios based on interactions you have had in the past and may have in the future, and follow the same debriefing process.

Although this was developed as an individual activity, it can be easily incorporated into team meetings, professional development opportunities, or other departmental work. You may find it valuable to complete the activity portion independently, and come together to offer each other coaching and feedback to collaboratively improve your culturally competent practice.
Comprehensive practice of cultural competence requires an open attitude, self-awareness, awareness of others, cultural knowledge, and cultural skills. Let’s review the following model, which lays out these five building blocks along a cyclical path:

We start at the top with open attitude. To possess a fully open attitude, you must not only know what you intend to learn, but also try to move forward with a spirit of curiosity about yourself and others. Consider that there is much you do not know, and be ready to receive new information with an open mind. Be prepared to expose yourself to diverse ideas and alternative viewpoints, through clinical encounters, use of CultureVision, and anywhere else you have the opportunity to engage with people you might consider different from yourself. Some key elements of an open attitude include:

- Being open to a wide variety of ideas and approaches
- Seeking out divergent views and contrary arguments
- Considering the full range of pros and cons on an issue

Another element of cultural competence is self-awareness regarding your own worldview. In order to walk a mile in someone else’s shoes, you first have to take your own shoes off. In other words, you must turn a flashlight onto your own culture, beliefs, values, and background. This
allows you to more objectively explore what you may subconsciously be bringing to every interpersonal interaction. Components of self-awareness include:

- Understanding your personal background and culture
- Awareness of your assumptions, biases, and judgments
- Awareness of how others might perceive you and your role
- Knowledge of strengths and limitations
- Ability to recognize your personal biases, cultural incompetence, or exclusive behavior
- Capacity for self-reflection and intervention

This reflective process of self-evaluation helps facilitate the development of **awareness of others**: the recognition that all individuals are uniquely programmed with their own background, worldview, beliefs and values, and that while these may not match up with your own, they are equally valid and valuable. The capacity for awareness of self and others is deeply connected to **cultural humility**, in which we are able to recognize that our perspective is just that: our own perspective.

From awareness of others, we move on to **cultural knowledge**, the acquisition of information about others’ values, norms, and beliefs. **CultureVision** is a useful tool for providing extensive archetypical cultural knowledge. This resource, in addition to other online and offline research, provides an information base from which you can engage in your own conversations and inquiries. With practice, the cultural knowledge that you obtain can develop into **cultural skills**, which includes asking more informed questions about your patients’ beliefs and practices around healthcare. Other valuable cultural skills include:

- Ability to adapt your communication style to different individuals, groups, and cultures
- The use of active listening skills
- Establishing relationships based on mutual trust
- Clearly identifying areas of conflict or concern and recognizing their impact
- Making clear requests of others
- Implementing processes that promote organizational cultural competence and inclusion

You’ll note that this process is cyclical and always ongoing. It may, however, not always be sequential. As we continue to learn more about our self and others, we adjust our approach and assumptions. Our cultural lenses shift as we engage in new experiences and interactions. Successfully engaging all components of this model opens the door to the development of cultural competence, and respectfully meeting the needs of patients of all backgrounds.
SELF-EVALUATION

Use the space that follows to evaluate your relationship to these five components of cultural competence. In particular, ask yourself:

- What are my strengths?
  - Example (cultural knowledge): My frequent interactions with Chinese patients have helped me understand the culture’s archetypical concept of health
- In which of these areas have I been challenged?
  - Example (self-awareness): I recognize that in the past I’ve judged patients who didn’t consistently follow my care instructions.
- Are there opportunities for growth?
  - Example (cultural skills): I’d like to work on my active listening skills.

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<th>Strengths</th>
<th>Challenges</th>
<th>Growth opportunities</th>
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Now that you have examined your strengths, challenges, and growth opportunities, what steps do you commit to taking in order to develop your culturally competent care?

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This activity will walk you through the building blocks of cultural competence using simulated cross-cultural interactions. Self-awareness raising reflection questions will prompt you to analyze your values and beliefs, and consider how your background impacts the clinical encounter. Then, you’ll practice turning the cultural knowledge contained within CultureVision into action steps that you can apply in situations that occur on the job.

Scenario 1

The Delgados are a Latino family. Luisa Delgado’s ten year old son Carlos was recently diagnosed with chronic asthma. On a trial basis, Carlos has been prescribed a daily oral medication as well as a fast acting inhaler to use when he experiences an acute attack. Several follow up appointments were scheduled to check the effectiveness of the regimen, and the family was informed repeatedly that this monitoring is critical to Carlos’ health. However, Luisa has only managed to bring him in for one of the three appointments—and they were over an hour late. When they did arrive for the appointment, Luisa didn’t inform them in advance of the delay, and the office staff required them to wait until all other patients had been seen. During the visit, the physician discovered that the daily oral medication had been discontinued, and the family was relying solely on the inhaler for management. Luisa expressed frustration that Carlos was still experiencing asthmatic episodes, despite following the treatment plan for a time.

What judgments might you make about this patient and family? What words might you use to describe their attitude and/or behavior?

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What are the values or beliefs driving that assessment?

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Analyze your own background. Where might you have learned those values?

Suppose that in informal conversations among the staff, the Delgado family was described as “difficult” and “non-compliant.” How might this shape your perception of the patient and family? How could this subject be addressed with the staff?

What are some potential short term and long term consequences of these judgments? Consider the impact it might have on the patient, his family, the patient-provider relationship, and overall health outcomes.

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What information does CultureVision provide about asthma in Latino patients?
What are some possible obstacles to the family making it to appointments on time? What could cause them to miss appointments even if they know they are important?

What cultural norms might lead to the oral medication having been discontinued?

Now that you know these norms, what is a culturally competent way to inquire about this behavior?

How might you encourage compliance in the future?
Scenario 2

A lesbian patient in her mid-twenties has her first appointment with a new gynecologist. She fills out the intake chart as unmarried, sexually active, and not currently using a contraceptive method – and makes no mention of her sexual orientation. After consulting the chart, the physician launches into a consultation on the wide variety of birth control methods available.

What assumptions might the provider be making about this patient?

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Suppose the patient clarifies that she is in a stable relationship with a female partner. Knowing this, what judgments might you make about this patient?

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Review the LGBT page and Sexual and Reproductive Health resource page. What might prevent the patient from speaking up sooner about her sexual orientation?

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What is the potential impact of the physician’s assumption regarding the patient’s sexual orientation?

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What are some ways to make a medical facility more welcoming for LGBT patients?

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Rewrite the intake form so that it uses more inclusive language.

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Scenario 3

Sumayyah emigrated from Iraq last year. She arrives at your facility seeking care for chronic lower back pain. Clothed from head to toe in a black veil, she is escorted to the appointment by her husband Abbas. He checks her in at the reception desk while she sits in the waiting room.

What are some initial judgments you might have about this patient and/or her husband?

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Where in your background did those originate?

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Say you need to make a staffing decision. Conduct some research on CultureVision. What information could be useful to you as you select an interpreter and care provider for Sumayyah?

Examine sub-pages related to Beliefs/Practices That May Affect Healthcare Decisions and Treatment of Pain. What information do you recognize might be helpful in this interaction?

Based on this information, create three questions to respectfully communicate with Sumayyah about her beliefs and preferences for care.

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Personal Scenario 1

Identify a situation that you have experienced in the past that required a culturally competent approach. How could that scenario look if you walked through the building blocks of cultural competence?

Scenario:

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What are the values and beliefs that you brought to this interaction?

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Where in your background did these originate?

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How could these have negatively impacted the outcome?

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Consider the other person and their background. Where could you look on CultureVision to acquire cultural knowledge?

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What information on CultureVision might be useful for this interaction?

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Using this information, generate three culturally competent questions that you could ask and/or actions you could take. What cultural skills are necessary for you to take these actions?

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Personal Scenario 2

Consider the demographics of the clients served by your organization. Are there any cultural groups with which you sense cross-cultural conflicts are possible? Theorize a future scenario which you must navigate in a culturally competent manner.

Scenario:

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What are the values and beliefs that you bring to this interaction?

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