Surgical Professionalism and Interpersonal Communication Education (SPICE)

Dealing with Culturally Diverse Populations

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What is 

• Cultural Competence
• Cultural Effective Health Care
  – Developing Awareness
    • Admitting personal biases, stereotypes, and prejudices
    • Becoming aware of cultural norms, attitudes, and beliefs
  – Acquiring Knowledge
    • Knowing how your culture is viewed by others
    • Reading about other cultures
  – Developing and maintaining cross cultural skills
    • Learning verbal and nonverbal cues of other cultures
    • Assessing how the beliefs and behaviors of the cultural group affect individuals
Cultural Competence

- Skills: 33.3%
- Personal Awareness: 33.3%
- Knowledge: 33.3%
Personal Awareness: Examples Typical Stereotypes

- Chinese patients in ED = Serious illness
- Bengali = CAD
- Sickle cell disease = drug seeking
How competent are you in caring effectively for patients…..?

- who are members of racial or ethnic minorities
- whose sexual orientation differs from your own
- whose religious beliefs affect treatment
- from cultures different from own
- with limited English proficiency
- who are new immigrants
- with a distrust of the US health care system
- who use alternative or complementary medicine
- with health beliefs at odds with Western medicine

Not at All  Only a Little  Somewhat  Very
Knowledge:
A Look at Cultural Beliefs about Seizures

• Chinese Medicine: “Yang-Dian-Feng”
• South Asia: Punishment, contagious
• Hmong: The Spirit Catches You and You Fall Down
Health Belief Model
Developing and Maintaining Cross-Cultural Skills

• Predominately
  – Understanding health belief models
  – Working through interpreters to conduct a linguistically competent interview
Why is this so hard?

- Using an interpreter is . . .
  - Time consuming
  - Impersonal
  - Hard
  - Not recognized as an needed
We are not alone!

National survey of residents says…

• 77% sometimes/often used professional interpreters
• 84% used ad hoc interpretation
• 77% used other hospital employees
• 22% used children
• >50% faced moderate/big problems in delivering cross-cultural care due to lack of:
  – Access to medical interpreters (54%)
  – Time (58%)
  – Access to written materials in other languages (62%)

Lee et al, JAMA 2006.
Types of Interpreters

• Professional (the ideal- civil rights act of 1964)
• Ad Hoc (“professionalize”- helpful)
  – Family
  – Friends
  – Children
  – Staff
  – Medical Students
• Telephone (gaining availability)
What do we know?

- Using an interpreter = fewer mistakes, and better quality care
- Patients who want interpreters often don’t get them
False Fluency?: Even if you think you speak Spanish…. 

• The patients of physicians with poor Spanish skills (as rated by patients) 
  – 25% of those patients with good English preferred an interpreter 
  – 87% of those patients with poor English preferred an interpreter
So, let’s try it!

• 50 y.o Bengali speaking women came to the ER with abdominal pain suspicious of appendicitis.
• You would like her to get an abdominal cat scan with contrast.
• A bilingual staff member has volunteered to interpret.
Professionalizing a Lay interpreter

61% did not direct interpreter on how to proceed (translating process)

57% maintained eye contact with patient
26% made eye contact with patient but mostly looked at interpreter
17% did not make eye contact with patient at all

Overcoming Language Barriers
TAKE HOME POINTS: Maximizing an interpreters effectiveness

• Attend to the patient not the interpreter
  – First person, position, eye contact

• Explicitly correct the interpreter
  – Word for word

• Prepare a clear and succinct description of common tests and procedures
  – Deliver info in small chunks

• Check understanding
  – Ask patient to repeat back to you what they understand
Take Home Points

• Use an interpreter
• Feel empowered to maximize their effectiveness
• Check in on patients understanding and personal belief system