

SQ Acute: Care Delivery, Culturally Competent

RESTRICTIONS ON USE OF STORYBOARDS

Storyboards may only be utilized to:

- facilitate internal annotations of HealthStream's proprietary courseware
- inform auditors or legal representatives, if requested as part of a documentation requirement

Storyboards cannot be copied or repackaged to use outside of HealthStream's proprietary courseware. They cannot be shared with anyone outside the organization, with the exception of auditors or legal representatives as described above.

The use of the storyboards is governed by the Agreement executed by the parties. Any use of the Storyboards not set forth herein must be pre-approved in writing in advance by HealthStream to avoid any legal claims.



Welcome to **SQ: Care Delivery, Culturally Competent**.

Select START MODULE to begin.

Be sure to click on the interactive elements to advance.



Introduction



What Is Culture?



How to Apply Cultural Sensitivity



Negative Outcomes of Not Being Culturally Sensitive



Positive Outcomes of Being Culturally Sensitive



Module Conclusion

Introduction

HEALTHSTREAM PROPERTY

Care that is sensitive to culture provides the best medical outcomes.

Equal and fair treatment means that care is the same.
Care standards do not change based on the person's
culture, age, or sexual orientation.

Care that is **sensitive** to culture **builds trust**.

Care that is **not sensitive** to culture **destroys trust**.

Good quality of care outcomes and important
healthcare laws require culturally sensitive care.

This module will review the following:

- The meaning of culture
- How to provide equal and fair treatment to all parties
- The outcome of being sensitive and not being sensitive to an individual's culture

Please look at these important terms.

Glossary

Bias

An opinion in favor of or against one thing, person, or group

Bisexual

Describes a person who is attracted to two or more sexes or genders

Cisgender

Describes a person whose sex assigned at birth aligns with their gender identity

Gay

Describes a person who is attracted to the same sex

Lesbian

Describes a gay woman

LGBTQ+

An acronym standing for lesbian, gay, bisexual, transgender, and/or queer

Marginalized

Describes a group of people who are treated as not important

Pansexual

Describes a person who may have sexual attraction to another person of any sex or gender identity

Sexual orientation

How a person defines the gender to which they are physically attracted

Transgender

Describes a person whose gender identity does not correspond with their birth sex

Let's get started!



Complete the content above before moving on.

What Is Culture?

Things that make up cultures include the following:

- **Group Members** - Same language, race, or region
- **Preferred Communication** - Defer to older adults, share information through storytelling, nonverbal or silent listening
- **Conduct** - Family helps with decisions, person receiving care makes decisions, family makes decisions
- **Values & Beliefs** - Alternate treatments (culture), religion, rituals
- **Social Structure** - Traditional family, extended family, single-parent family, blended family, LGBTQ+ family

Healthcare laws require sensitivity to culture. Groups that create healthcare laws audit companies to ensure care standards are followed.

Choose the best option and select **SUBMIT**.

Which of these should be considered part of culture when interacting with people?

- ☐ Hobbies
- ☐ Profession
- ☐ Preferred communication
- ☐ School history

SUBMIT



Complete the content above before moving on.

How to Apply Cultural Sensitivity

Fair and equal treatment that is sensitive to culture is key to high-quality person-centered care. Below are some phrases healthcare workers should and should not use when caring for people (Level E).



Consider:

- Using positive terms
- Using person-first language
- Keeping subcultures in mind



Say:

- Groups with increased risk of [negative outcome]
- Person facing homelessness



Do Not Say:

- High-risk, at-risk
- The homeless
- Minority groups or ethnic groups

- Address the exact group by name

Choose the best option and select SUBMIT.

What is the best way to ensure care is culturally sensitive?

- ☐ Using positive terms
- ☐ Using negative terms only when necessary
- ☐ Using second-person language

SUBMIT

Using proper terms is important in providing care. Person-first language is a way to show respect to individuals receiving care. Here are examples:

Marginalized (Sidelined) Group	Wrong Term	Person-First (Preferred) Term
Disability	Crippled	People with disabilities
Low-income	Poor people	People with incomes below the poverty level
Mental health	Crazy	<p>People who:</p> <ul style="list-style-type: none"> • Experience depression • Experience trauma, stress, or anxiety <p>Exact medical terms should be used.</p>
Sexuality and gender identity	Transgenders	<p>LGBTQ+</p> <p>People who are:</p> <ul style="list-style-type: none"> • Lesbian, gay, bisexual,

Marginalized (Sidelined) Group	Wrong Term	Person-First (Preferred) Term
		<p>pansexual, transgender</p> <p>This list does not include all possible terms.</p>

Language is not the only way people communicate.
Consider how different cultures may respond in different
ways to nonverbal cues, such as:



Eye Contact:



Gestures:



Language:

- Eye contact means different things in different cultures. In some, it may be accepted, while in others, it is seen as rude.
- Greetings are different in different cultures.
- Nods mean different things in different cultures.
- Pointing may be an insult.
- Voice, tone, volume, and speed are lost in email or text. Words should be chosen wisely.
- An interpreter should be used when needed.



Complete the content above before moving on.

Negative Outcomes of Not Being Culturally Sensitive

Unfair treatment leads to social and health gaps. Read the questions below the images.



Culture: Are individuals offered care and treatment options that consider their culture?



Equal Access: Do healthcare workers consider that some groups of people do not have access to healthcare?



Just Policies: Does the facility have policies and a culture that support health and equal treatment for all?



Blame: Do healthcare workers blame individuals when their health outcomes are poor?



Layered Bias: Do healthcare workers realize that one person may belong to more than one sidelined group?

What is the outcome of not being sensitive to an individual's cultures?



Lack of healthcare



Wrong medicine or treatment



Wrong medical testing



Lower quality disease screening

CONTINUE

HEALTHSTREAM PROPERTY

Positive Outcomes of Being Culturally Sensitive

What healthcare workers say to people can help create positive outcomes!

Select each card to view the result.

"I want to help you care for your wound at home."

The person learns.

“You mentioned you can’t drive to your doctor’s visit. Would bus passes help?”

The sidelined individual receives access to healthcare.

“I know Spanish is your first language, so let me call the language line.”

The person’s risk of medical errors, wrong diagnosis, and wrong labs decreases.

"Which medicines do you take at home? Did you bring them with you today?"

The person's risk for medicine errors decreases.

"Describe what the pain is like in your leg."

The person's risk of wrong treatment decreases.

“I care about you, and I want to help you take care of your healthcare needs in a way that fits your schedule. How can I help?”

The individual's trust increases.



Complete the content above before moving on.

Module Conclusion

When healthcare staff treats individuals in sensitive ways to culture, the result is improved trust and a higher quality of care.

Unequal and unfair treatment causes harm. To best serve everyone, biases should be put aside and cultural sensitivity should be practiced.



This module has reviewed the following:

- The meaning of culture
- How to provide equal and fair treatment to all parties

- The outcome of being sensitive and not being sensitive to an individual's culture

References

Bass, B. & Nagy, H. (2021, October 09). *Cultural competence in the care of LGBTQ patients*.
<https://www.ncbi.nlm.nih.gov/books/NBK563176/>

Centers for Disease Control and Prevention. (n.d.-a). *Health equity guiding principles for inclusive communication*. https://www.cdc.gov/healthcommunication/Health_Equity.html

Centers for Disease Control and Prevention. (n.d.-b). *Key principles*.
https://www.cdc.gov/healthcommunication/Key_Principles.html

Centers for Disease Control and Prevention. (n.d.-c). *Preferred terms for select population groups & communities*. https://www.cdc.gov/healthcommunication/Preferred_Terms.html

Centers for Disease Control and Prevention. (n.d.-d). *Tools for cross-cultural communication and language access can help organizations address health literacy and improve communication effectiveness*.
<https://www.cdc.gov/healthliteracy/culture.html>

Centers for Disease Control and Prevention. (n.d.-e). *Using a health equity lens*.
https://www.cdc.gov/healthcommunication/Health_Equity_Lens.html

Centers for Medicare and Medicaid Services. (2020, February 21). *State operations manual appendix A - Survey protocol, regulations and interpretive guidelines for hospitals*. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_a_hospitals.pdf

National Institutes of Health. (n.d.). *Cultural respect*. U.S. Department of Health & Human Services.
<https://www.nih.gov/institutes-nih/nih-office-director/office-communications-public-liaison/clear-communication/cultural-respect>

This is the end of the module. To exit and return to the Activity Details, select **EXIT**.