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Cultural Competency:

The nation's growing ethnic diversity poses special challenges for the medical profession. The U.S. now attracts two-thirds of the world's immigrants, and generalist physicians can expect more than 40 percent of their patients to be from minority cultures. An estimated 32 million Americans speak a language other than English.

The combination of language and cultural differences can become a barrier to effective health care. It's important for physicians to develop cultural competency— an understanding of and sensitivity to other cultures and groups.

For effective cross-cultural communication, physicians must often rely on interpreters. It's important to recognize the value of an interpreter not only as a tool for communication, but also as a cultural broker, says Michael Groger, Director of Language Services and Outreach for Lutheran Social Services of Northeast Florida in Jacksonville. The program provides interpreters to the community and specifically to the medical community.

"Interpreters typically share the same language and cultural background as the individuals they assist," Groger explains. "As cultural brokers, they often find it necessary to interject their own knowledge into the interpretation."

For example, in the Cambodian culture, there is a custom called 'coining,' says Groger. "For certain illnesses, people will take a coin and rub it on the body, believing it has healing value. Sometimes this practice can leave marks. When a doctor sees the coining marks on a child, it can be interpreted as abuse. When the interpreter steps into the role of cultural broker, he or she can explain this kind of cultural practice to the doctor and put it into the appropriate context."

E.A. Berlin and W.C. Fowkes, in their work, "Teaching Framework for Cross-Cultural Care: Application in Family Practice," offer the "LEARN" model as a guideline for developing cultural competency skills:

Listen with sympathy and understanding to the patient's perception of the problem;

Explain your perceptions of the problem and your strategy for treatment;

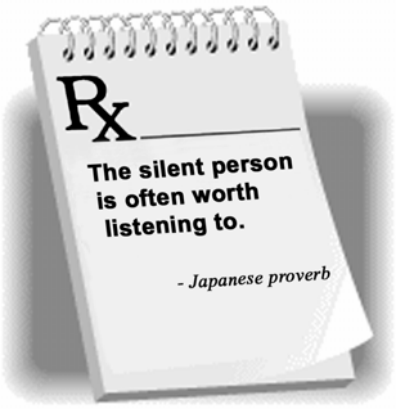
Acknowledge and discuss the differences and similarities between these perceptions;

Recommend treatment while remembering the patient's cultural parameters; and

Negotiate agreement. It is important to understand the patient's explanatory model so that medical treatment fits into their cultural framework.

Physicians who develop and practice cultural competency skills will find they are able to provide effective care for a wider range of patients as a result.

See page 2 for "10 Tips for Improving the Caregiver-Patient Relationship Across Cultures"



CONFIDENTIAL

When you find yourself up against difficult barriers at work or in your personal life, it can help to talk things out with a professional. We understand what you're going through and we're as close as your phone. The free, confidential Residents Assistance Program Hotline, **(813) 870-3344**, offered by Wood & Associates can provide advice and resources to help you work past barriers and move forward in your career and personal life.

$$$ Money Matters

Of all the reform measures in the new tax-relief package, education provisions account for about $29 billion. There are significant changes for families funding higher-education costs, which is good news for medical residents burdened with student loans.

Student-loan interest deductions will now be available to more people. In 2002, deductions for single filers will phase out with adjusted gross income between $50,000 and $65,000 ($100,000 to $130,000 for joint filers). The 60-month limit on claiming a student-loan interest deduction will be eliminated and the deduction will be available for the life of the loan.

The new law will also allow qualified participants to file a deduction for higher-education expenses — even if they don't itemize deductions. In 2002 and 2003, taxpayers with an adjusted gross income up to $65,000 ($130,000 for joint filers) may deduct up to $3,000 per year in qualified education expenses. In 2004 and 2005, the amount will increase to $4,000. Higher-income taxpayers can't take any deduction until 2004 and 2005; at that time, those with an adjusted gross income up to $80,000 ($160,000 for joint filers) will be able to deduct a maximum of $2,000 in qualified expenses.

By Julio C. Muniz, Muniz and Associates, Tampa, Florida, a Certified Financial Planner (CFP) and a Chartered Life Underwriter (CLU).
www.munizandassociates.com

10 Tips for Improving the Caregiver-Patient Relationship Across Cultures

1. Do not treat the patient in the same manner you would want to be treated. Culture determines the roles for polite, caring behavior and will formulate the patient's concept of a satisfactory relationship.

2. Begin by being more formal with patients who were born in another culture. In most countries, a greater distance between caregiver and patient is maintained through the relationship. Except when treating children or very young adults, it is best to use the patient's last name when addressing him or her.

3. Do not be insulted if the patient fails to look you in the eye or ask questions about treatment. In many cultures, it is disrespectful to look directly at another person (especially one in authority) or to make someone "lose face" by asking him or her questions.

4. Do not make any assumptions about the patient's ideas about the ways to maintain health, the cause of illness or the means to prevent or cure it. Adopt a line of questioning that will help determine some of the patient's central beliefs about health/illness/illness prevention.

5. Allow the patient to be open and honest. Do not discount beliefs that are not held by Western biomedicine. Often, patients are afraid to tell Western caregivers that they are visiting a folk healer or are taking an alternative medicine concurrently with Western treatment because in the past they have experienced ridicule.

6. Do not discount the possible effects of beliefs in the supernatural on the patient's health. If the patient believes that the illness has been caused by embrujado (bewitchment), the evil eye, or punishment, the patient is not likely to take any responsibility for his or her cure. Belief in the supernatural may result in his or her failure to either follow medical advice or comply with the treatment plan.

7. Inquire indirectly about the patient's belief in the supernatural or use of nontraditional cures. Say something like, "Many of my patients from ___ believe, do, or visit___. Do you?"

8. Try to ascertain the value of involving the entire family in the treatment. In many cultures, medical decisions are made by the immediate family or the extended family. If the family can be involved in the decision-making process and the treatment plan, there is a greater likelihood of gaining the patient's compliance with the course of treatment.

9. Be restrained in relating bad news or explaining in detail complications that may result from a particular course of treatment. "The need to know" is a unique American trait. In many cultures, placing oneself in the doctor's hands represents an act of trust and a desire to transfer the responsibility for treatment to the physician. Watch for and respect signs that the patient has learned as much as he or she is able to deal with.

10. Whenever possible, incorporate into the treatment plan the patient's folk medication and folk beliefs that are not specifically contradicted. This will encourage the patient to develop trust in the treatment and will help assure that the treatment plan is followed.

Sources:

The American Medical Student Association (AMSA) Web site, www.amsa.org

Berlin, EA & Fowkes, WC (1983). Teaching framework for cross-cultural care: Application in Family Practice. West J Med. 139(6), 934-938.