

JUST GOT **HITCHED** AT THE WEDDING CHAPEL. NOW WHAT?

*Effective communication and cultural understanding
to enhance the provider-patient relationship.*



LET'S GET HITCHED!

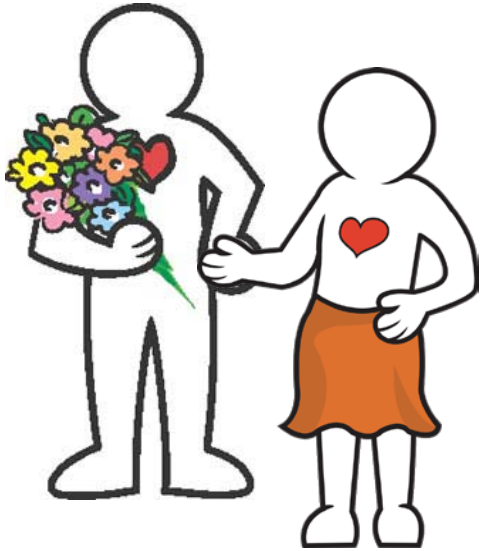
HELP THE BRIDE & GROOM GET TO THE ALTAR



- Teams are divided by Themed Wedding Chapels.
- Name card will be selected to answer questions.
- “Roll the Dice” to get point value (1-3) for each question.
- Answer correctly and the couple steps closer to the altar.
- The first couple to reach the altar WINS!



TYPICAL BOY-GIRL RELATIONSHIP



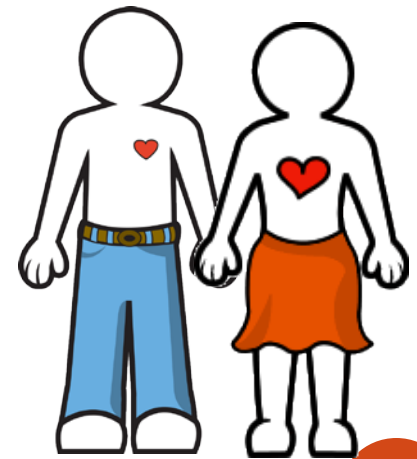
boy & girl
meet



boy & girl
go on dates

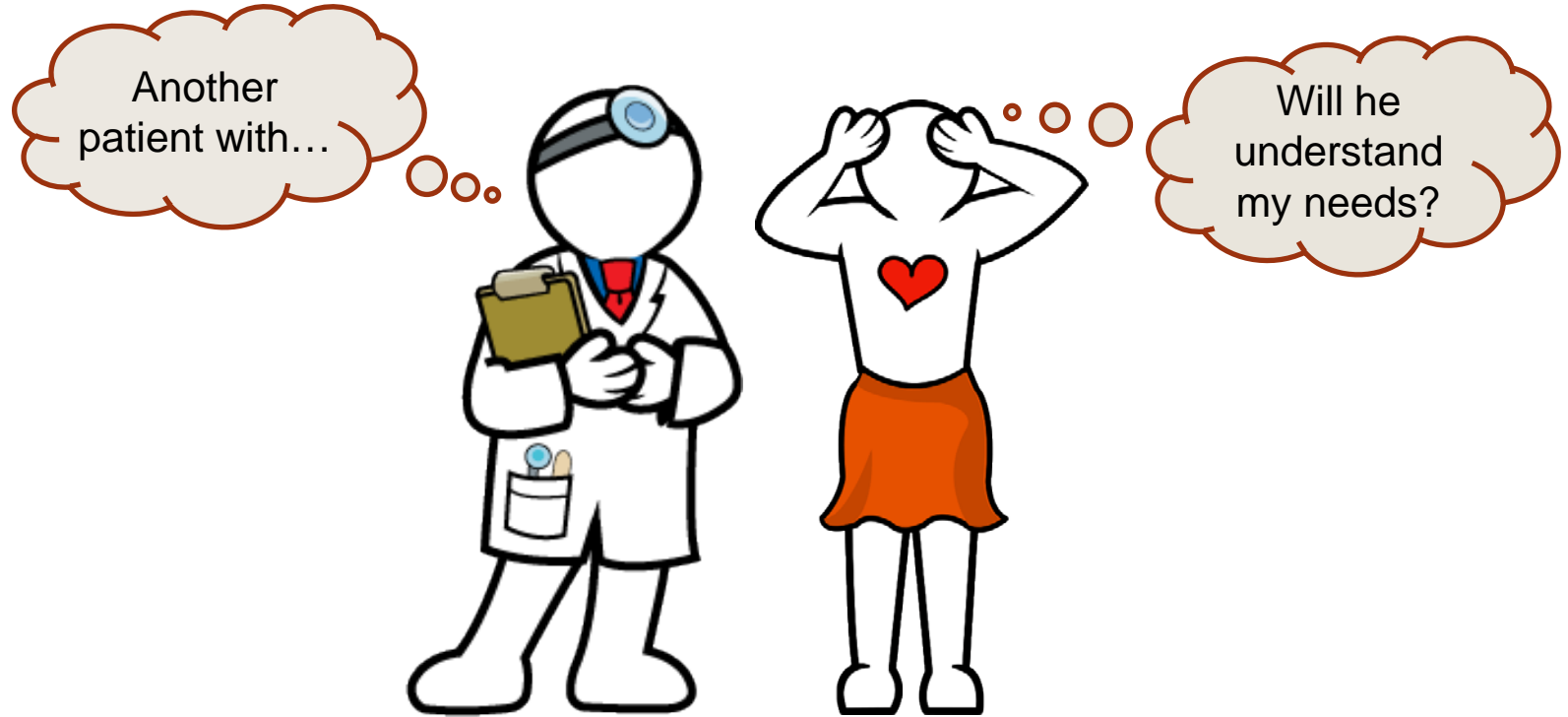


boy & girl
fall in love



boy & girl
get married

TYPICAL PROVIDER-PATIENT RELATIONSHIP



DR. JONES and MRS. L.E.P.

JUST MARRIED!



EACH SIDE BRINGS LIFE EXPERIENCES INTO THE RELATIONSHIP

PROVIDER

- Tendency to use medical jargons.
- Personal values and attitudes may dismiss issues important to patient.
- Medical background more focused on technical competence and less emphasis on cultural competence.
- Assume “No Questions” mean patient understanding.

PATIENT

- Low health literacy.
- Cultural experiences and spiritual beliefs affect concepts of health and illness.
- Possible usage of traditional, complementary or alternative health practices.
- Reluctance to ask questions.





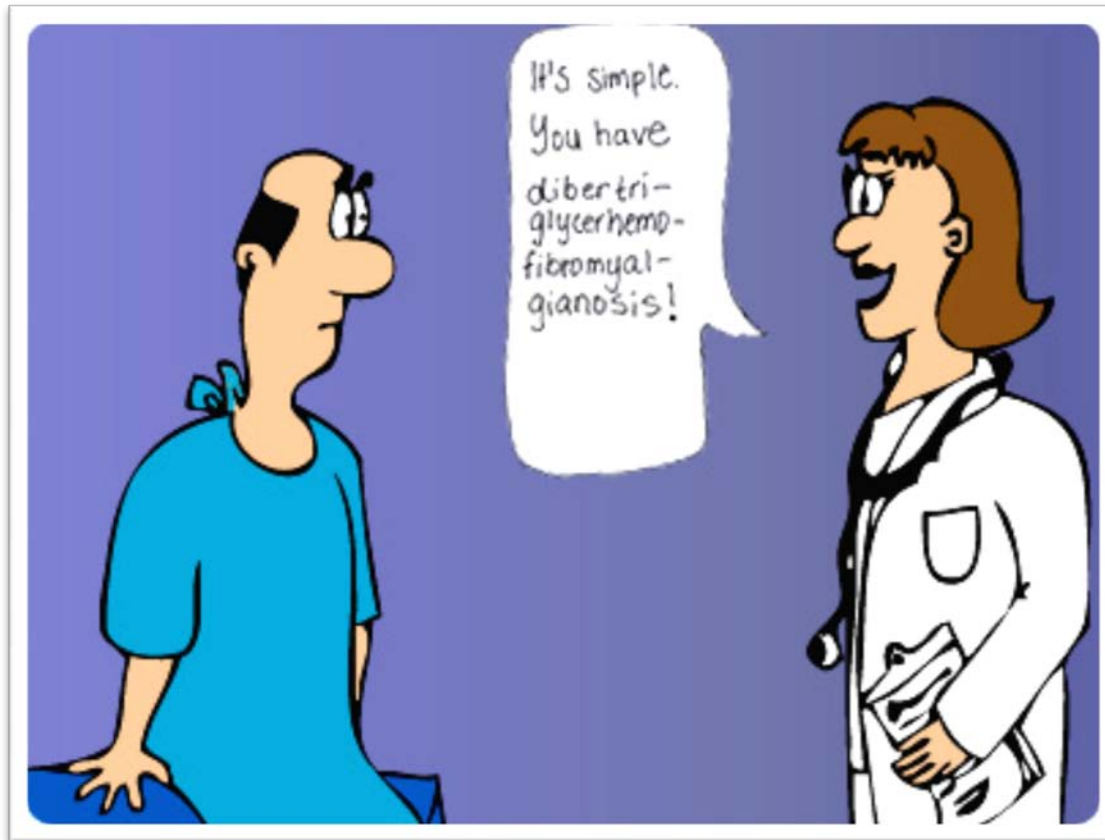
“Cultural and language differences may result in mis-understanding, lack of compliance, or other factors that can negatively influence clinical situations.”





**TIPS TO MAKE IT LAST
FOR THE LONG HAUL**

EFFECTIVE COMMUNICATION



Cartoon by April Girouard

“The secret of the care of the patient is in caring for the patient.”

~ **Francis Peabody**



Limited English Proficient (L.E.P.):

Individuals who have limited ability to read, write, speak, or understand English.



Nearly 1 in 5 Americans speaks a language other than English in the home.

IEHP INTERPRETER SERVICES POLICY

- IEHP LEP Members have the right to request an interpreter for medical visits at No Cost.
- IEHP and Providers must not require, or suggest to LEP Members that they must provide their own interpreter.
- Friends and family members should not be used unless specifically requested by the Member. Minors should not be used as an interpreter.
- Providers must document the request or refusal of interpreter services in the patient's medical chart. This is to protect the provider from liabilities.
- LEP Members have the right to file a grievance or complaint if their language needs are not met.



OVER THE TELEPHONE (PACIFIC INTERPRETERS)

Available in 140 languages, 24 hours a day, 7 days a week.

To access this service, Members and Providers call:

- IEHP Member Services at [1-800-440-4347](tel:1-800-440-4347) during business hours

OR

- 24-Hour Nurse Advice Line at [1-888-244-4347](tel:1-888-244-4347)



FACE-TO-FACE INTERPRETERS **(INCLUDING AMERICAN SIGN LANGUAGE)**

Call IEHP Member Services at **1-800-440-4347**
at least 5 working days before the medical visit.


Member Services connects Member/Provider with a care manager.



The care manager collects Member information (name, type of appointment, language) and medical visit information (office location, date and time of appointment).



The care manager arranges and authorizes interpreter services with a contracted company.

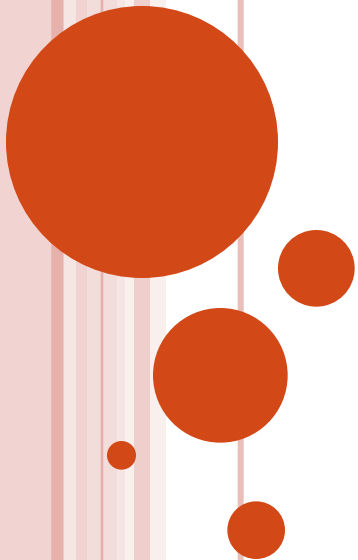


The care manager informs Member and Provider of the arrangement.

ROLL THE DICE...



Question #1:
What is LEP?

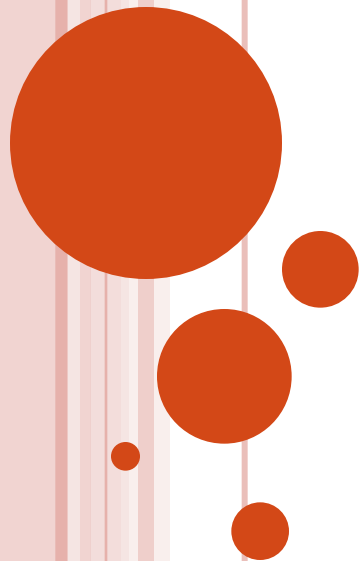


ROLL THE DICE...



Question #2:

Who should Members and Providers call for over the telephone interpreters during business hours?



ROLL THE DICE...



Question #3:

How many business days prior to the medical appointment should Members or Providers call to arrange for face-to-face interpreters?

“REAL LIFE”



A 13 year-old boy of a Vietnamese immigrant family had been pulled out of school to interpret at his little sister's oncology appointments.

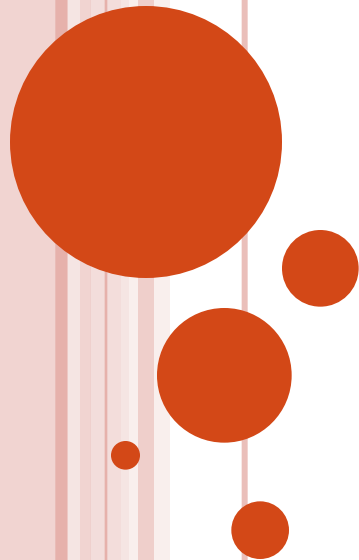
“Sometimes I don't really understand what the doctor says, but I have to try really hard. I pray in my heart that maybe it won't cause any harm to my sister. I'm so afraid to tell my parents that I don't understand, because everyone counts on me.”

ROLL THE DICE...



Question #4:

Name an interpreter services policy that was violated.



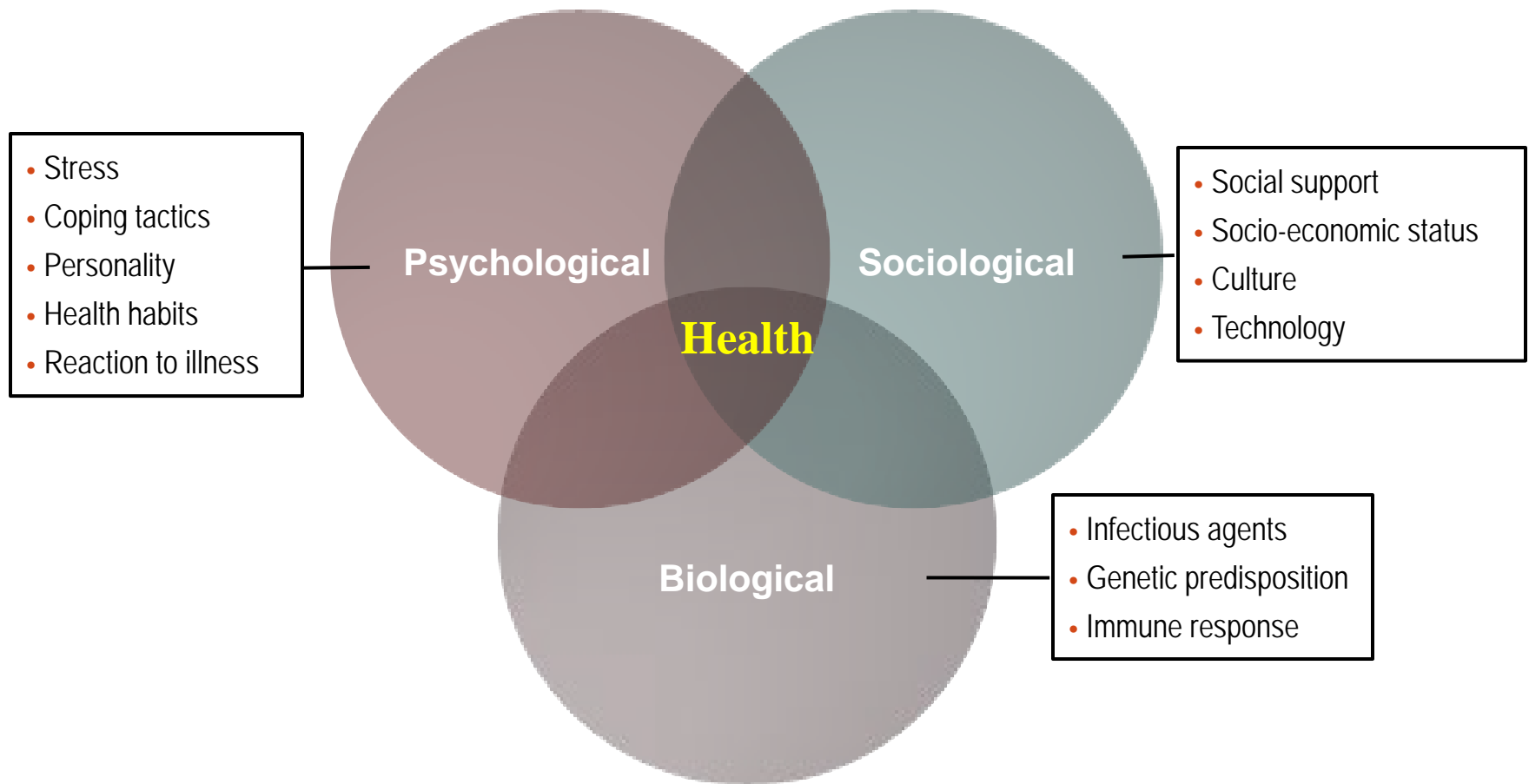
CULTURAL UNDERSTANDING



Cross-cultural understanding and cultural competence in healthcare is essential to overcome cultural barriers between patients and healthcare providers in order to ensure effective healthcare delivery and medical compliance.



THE BIOPSYCHOSOCIAL MODEL (ENGEL, 1977)



“The boundaries between **health** and **disease**, between **well** and **sick**, are far from clear, for they are diffused by **cultural**, **social**, and **psychological** considerations.” ~ George Engel

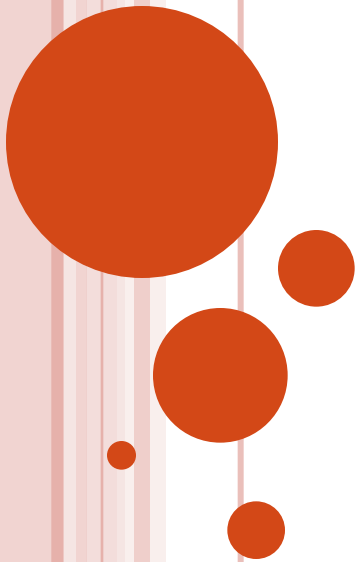


ROLL THE DICE...



Question #5:

**Name one element of the
Biopsychosocial Model.**



“D.I.V.E.R.S.E.”

A MNEUMONIC FOR PATIENT ENCOUNTERS

D emographics

- Where were you born?
- Where was “home” before coming to the U.S.?
- How long have you lived in the U.S.?
- What is the patient’s age and sex?

I deas

- What do you think keeps you healthy?
- What do you think makes you sick?
- What do you think is the cause of your illness?
- Why do you think the problem started?

V iews

- Are there any health care procedures that might not be acceptable?
- Do you use any traditional or home health remedies?
- What have you used before?
- Have you used alternative healers? Which?
- What kind of treatment do you think will work?

E expectations

- What do you hope to achieve from today's visit?
- What do you hope to achieve from treatment?
- Do you find it easier to talk with a male/female?
- Someone younger/older?

R religion

- Will religious or spiritual observances affect your ability to follow treatment? How?
- Do you avoid any particular foods?
- During the year, do you change your diet in celebration of religious and other holidays?

S peech

- What language do you prefer to speak?
- Do you need an interpreter?
- What language do you prefer to read?
- Are you satisfied with how well you read?
- Would you prefer printed or spoken instructions?

E nvironment

- Do you live alone? How many people live in your house?
- Do you have transportation?
- Who gives you emotional support? Helps when you're ill?
- Do you have the ability to shop/cook for yourself?
- What times of day do you eat? What is your largest meal?

“REAL LIFE”

- First visit with a PCP
- A 58-year old female
- Arrives with her daughter
- Speaks Spanish
- Has Type II Diabetes
- Takes Glipizide and Metformin



ROLL THE DICE...



Question #6:

Using the DIVERSE model, what is one question you can ask the patient to effectively treat her condition?

ROLL THE DICE...



Question #7:

Using the DIVERSE model, what is another question you can ask the patient to effectively treat her condition?

“D.I.V.E.R.S.E.” REVEALED:

- Born and raised in Puerto Rico.
- Unable to read or write in English or Spanish.
- Speaks only Spanish.
- Depends on family members to take her shopping, do errands and go to doctor’s appointments.
- Believes prayer is a vital component of her life.
- Believes her medical condition is part of aging (no control over environment).
- Expects cure from doctor.
- Uses alternative remedies to control diabetes.
- Believes in body cleansing and improving circulation.



“REAL LIFE”

- An 83-year old male
- Has Parkinson’s disease
- His wife of 50 years passed away 6 months ago
- First doctor visit since his wife died



ROLL THE DICE...



Question #8:

Using the DIVERSE model, what is one question you can ask the patient to effectively treat him?

ROLL THE DICE...



Question #9:

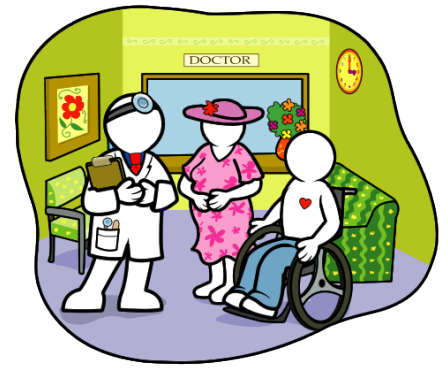
Using the DIVERSE model, what is another question you can ask the patient to learn effectively treat him?

“D.I.V.E.R.S.E.” REVEALED:

- Lives in an apartment alone.
- Can barely meet monthly expenses.
- Has no family or friends which makes him feel helpless to do his daily exercise routine or take medicine like he did when his wife was alive.
- Drinks several glasses of wine every night and wonders if life is worth living.
- Does not want to “waste” doctor’s time.



TIPS FOR INTERVIEWING SENIORS

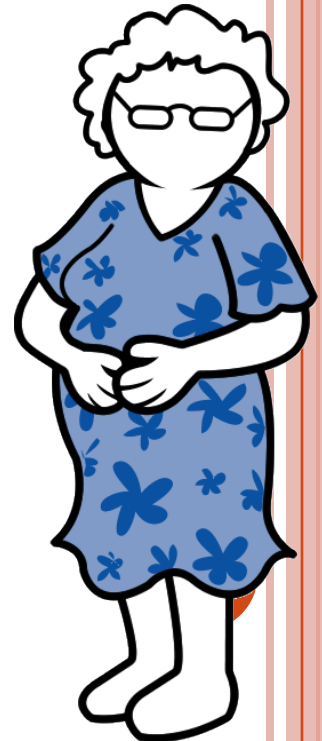


- Seniors may find seeing a doctor, completing paperwork, and understanding medical information to be very stressful.
 - Mail new patient forms to the patient to complete before the visit.
 - Ask if the patient has someone in the lobby waiting and if he/she wants that person in the exam room with him/her.
- Elderly, low-literacy patients may be very skilled at disguising their lack of reading skills and may feel stigmatized by their inability to read. If you suspect this is the case you should not draw attention to this issue but seek out other methods of communication.
 - Use plain language; Avoid medical jargon.
 - Use diagrams and/or pictures.
 - Demonstrate use of medical equipment.



TIPS FOR INTERVIEWING SENIORS (CONTINUED)

- Background noise, glaring or reflecting light, and small print forms are examples of things that may interfere with communication. The patients may not say anything, or even be aware that something physical is interfering with their understanding.
 - Ask patient to repeat back what was said (i.e. how he/she will take medicine, follow care plan or specific treatment, how to use piece of equipment, when to have follow-up visit, etc.).
 - Give written instructions whenever possible.

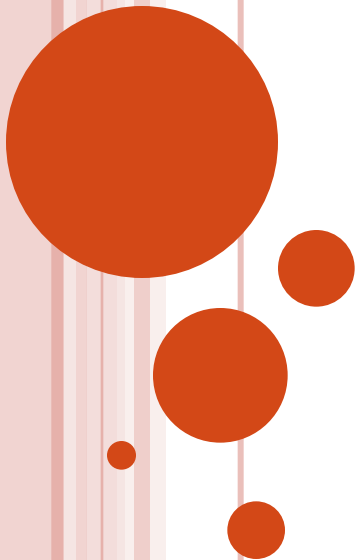


ROLL THE DICE...



Question #10:

In working with seniors, what can you do to lower their stress when completing paperwork?



ROLL THE DICE...



Question #11:

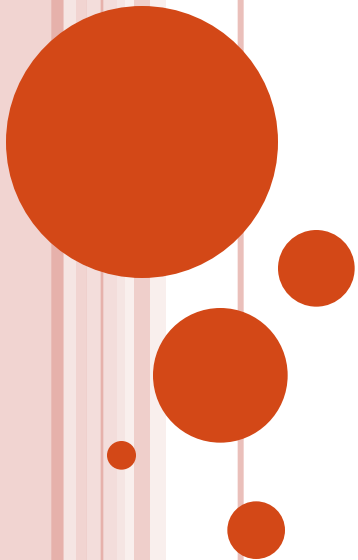
In working with seniors with low-literacy, what is one method of communication you can do to overcome that barrier?

ROLL THE DICE...



Question #12:

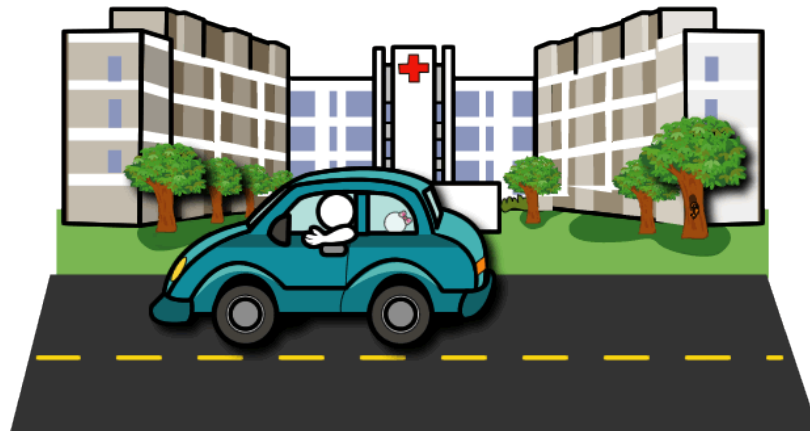
In working with seniors in general, what is one thing you can do to assess the patient's understanding?



BENEFITS OF CULTURAL COMPETENCY

Organization Level:

- Reduce health disparities.
- Improve patient care and satisfaction.
- Decrease malpractice risks and insurance costs.
- Experience operational efficiency.
- Increase compliance with state and federal regulations.




BENEFITS OF CULTURAL COMPETENCY (CONTINUED)

Provider Level:

- Make more accurate diagnoses.
- Meet informed consent requirements.
- Provide more appropriate health education and awareness efforts.
- Help patients comply with treatment regimens they understand.
- Build trust in the community being served.





I'm happy my doctor asked about my beliefs and cares about my needs!

I'm happy we worked out a treatment plan she can follow.

THE BEGINNING OF A BEAUTIFUL RELATIONSHIP