



# Diversity and Cultural Competence Training



# Objectives:

- Understanding diversity, equity, and inclusion.
- Understanding unconscious bias.
- Defining cultural competence and its components.
- Identifying the benefits of cultural competence.
- Raising greater awareness and sensitivity for diversity issues.
- Learning how to apply this knowledge when dealing with patients.
- Suggestions for fostering a cohesive workplace environment.



## Diversity and Cultural Competence Training

Our Objectives

# Diversity, Equity and Inclusion

What does it all mean?



Diversity

Embodies inclusiveness and values multiple perspectives—considers race, ethnicity, gender, gender identity, sexual orientation, language, nationality, religion, disability status, age, etc.

Inclusion

Fosters belonging, “connectedness,” and respect for all—considers differences in ideas, thoughts, opinions, experiences, and beliefs.

Equity

Freedom from bias. No one is disadvantaged due to social position or other socially-determined circumstances.

# Diversity Wheel



To demonstrate our differences, the diversity wheel represents what makes up who we are...

- The inner circle represents our internal dimensions. We cannot change these dimensions and it makes up who we are as individuals.
- The outer circle represents external factors that also play a role in who we are. These include our family structure, economic status and education.

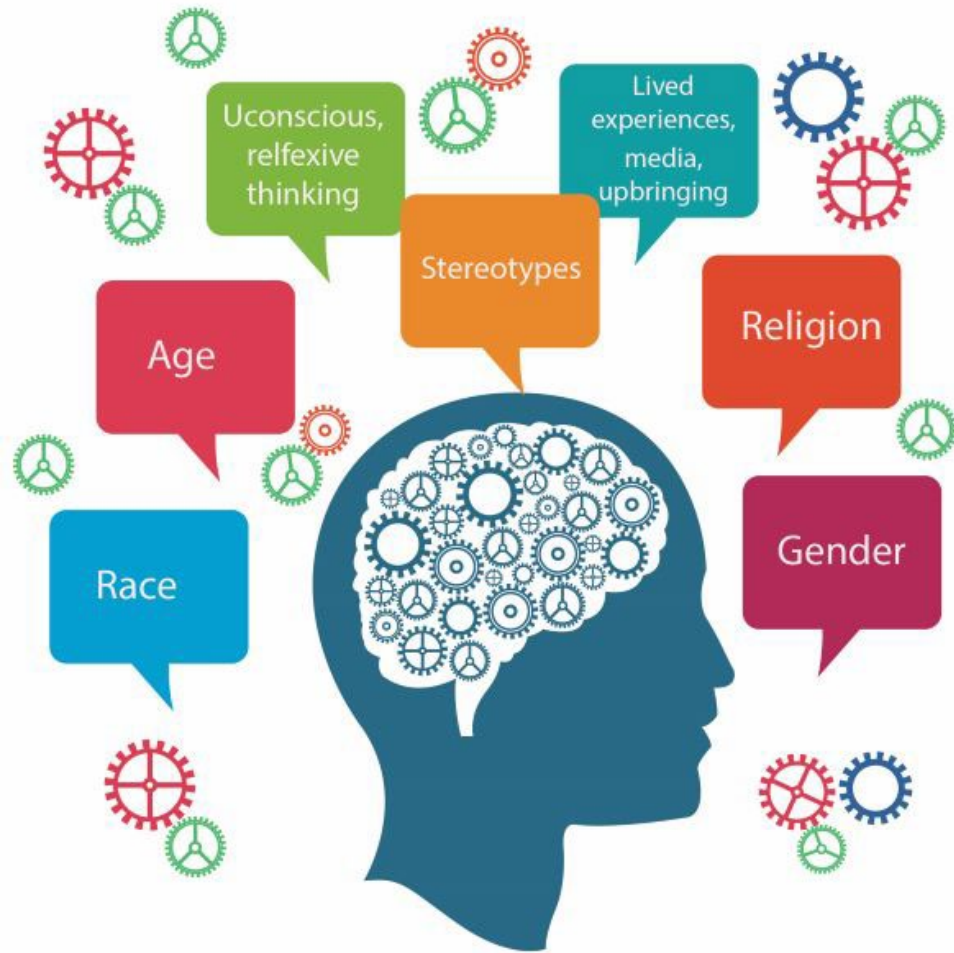
# Examples of Diversity



- Race
- Color
- Religion
- Gender
- Gender Identity
- Sexual Orientation
- Pregnancy
- Age
- National Origin/Language
- Marital Status
- Parental Status
- Veteran Status
- Disability including mobility, visual and communication

# Unconscious Bias

## Addressing Unconscious Bias



- Research shows that our brains jump to assumptions and conclusions without us even knowing it.
- **Unconscious bias** applies to how we perceive each other. These biases influence our reasoning and decision-making and also impact our behavior.
- We all have biases. Biases can be **positive** or **negative**.
- Biases can be formed from our prior experiences, our upbringing, and also external sources such as the media.
- Becoming aware of our biases will help us mitigate them in the workplace and socially.

# Culture and Cultural Competence



- **Culture** is a learned and shared system of values, beliefs, customs, communications, and behaviors of a group of people. An individual's culture is present in every interaction.
- **Cultural competence** is the ability to understand and effectively interact with people from cultures different from our own. Multicultural competency requires the following:
  - A basic understanding of your own culture and ethnicity
  - A willingness to learn about the culture and worldview of others
  - A positive attitude toward differences
  - A willingness to accept and respect these differences



# How Culture Influences Healthcare

Culture and Language may influence:

- Health, healing and wellness belief systems
- How illness, disease, and their causes are perceived
- The behaviors of patients seeking healthcare and their attitude toward healthcare providers
- How patients present their problems, situations, and information to others
- How patients respond to interventions and care plans

Your level of cultural awareness helps you modify your behaviors to respond to the needs of others while maintaining a professional level of respect, objectivity, and identity.



# Benefits of Cultural Competence

- Builds trust
- Increases tolerance
- Improves effective communication
- Improves learning and health
- Improves productivity and performance
- Provides opportunities to come together with others
- Creates higher patient satisfaction and rapport



# Pillars to Build Cultural Competency

## Knowledge

Seek information on shared traditions and values of each cultural group

## Attitude

Develop a level of awareness in yourself and your coworkers and patients with respect to stereotype, rules of interaction, and communication customs.

## Skills

Develop a skill set to increase your cultural competency—like focusing on communication and conflict resolution.



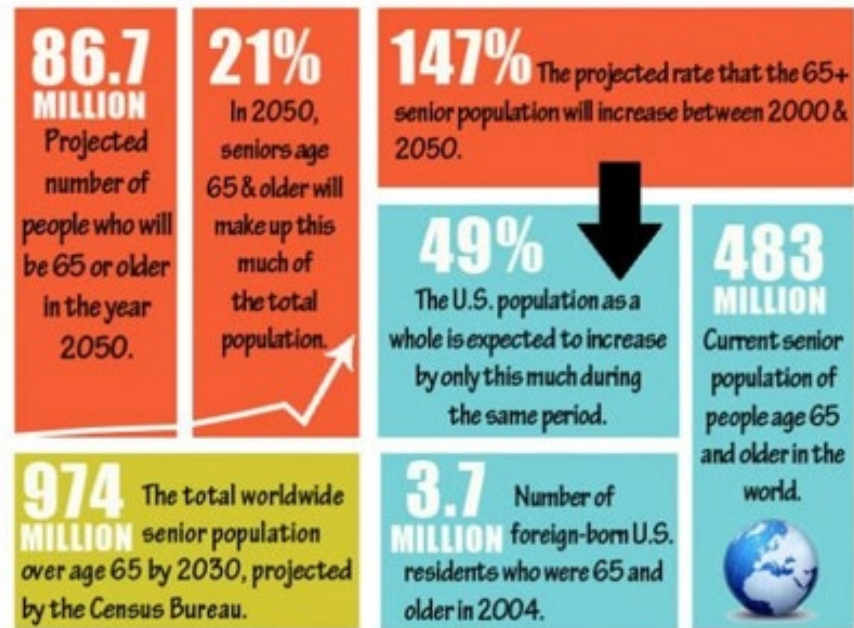
# Issues in Healthcare

Applying What You've Learned...

# The Aging Population

Ageism: Specific use of negative and/or derogatory images to discriminate against a certain population group.

## FACTS ABOUT SENIORS BY THE NUMBERS



- Use proper form of address--avoid using familiar terms, like “dear” or “hon,” which can sound patronizing.
- Establish rapport by introducing yourself clearly and do not speak too quickly.
- Try not to rush.
- Avoid interrupting.
- Use active listening skills. This keeps the discussion focused.
- Demonstrate empathy. Watch for opportunities to respond to patient’s emotions.
- Avoid medical jargon.
- Be careful about language. Some words have different meanings to older patients than to younger.
- Compensate for hearing deficits. Speak in a slow and clear tone. Be aware of background noises.
- Compensate for visual deficits. If the patient has difficulty reading, consider alternatives such as reciting the information to the patient.

# Gender Identity: Key Terms and Concepts:

Gender Identity: A person's innate perception (or sense) of their own gender.

Transgender: An individual whose gender identity differs in some way from the sex they were assigned at birth.

Transition: The process an individual may take to improve congruence between their outward appearance and their gender identity, which may include changing their gender expression, taking hormone therapy, and/or having surgery.

Gender Nonbinary: Identity does not conform to a binary understanding of gender as limited to male and female.

Sexual Orientation: Describes a person's physical and/or romantic attraction and is separate from gender identity.

# Providing Transgender Care

How do we create a comfortable and culturally competent care experience?

## Respect Individuals

- Use the name and pronouns the individual asks us to use.
- If you're not sure, it's okay to ask: "What are your pronouns?"

## Be Mindful of Your Communication

- Avoid commenting on appearance.
- Stick to questions relevant to the clinical encounter
- Respect privacy; do not disclose information unnecessarily.

## Recover Gracefully From Mistakes

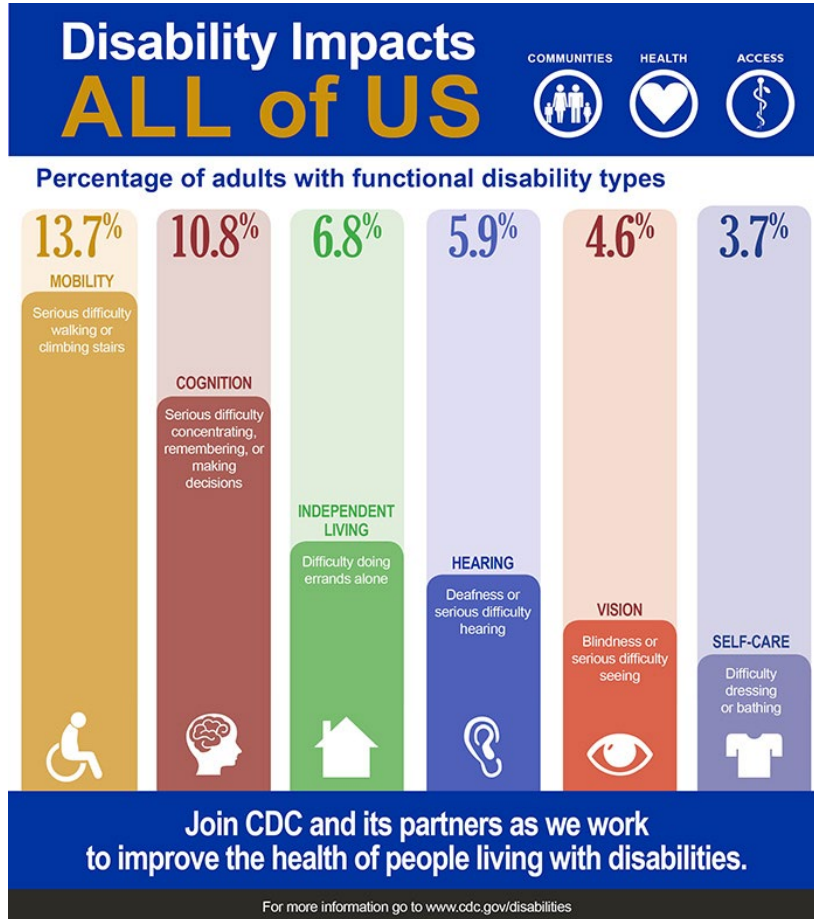
- Apologize and correct yourself promptly.
- Refrain from giving reasons or excuses for the mistake.
- Do not over-apologize and put your patient in the position of comforting you.
- Move forward by using the correct name or pronoun.

## Avoid Assumptions

- You can't always know a person's gender identity by looking at them.
- Not everyone wants transition-related surgery or medical care.

# Interacting with People with Disabilities

The Americans with Disabilities Act of 1990 (ADA) requires that medical care providers make their services available in an accessible manner.



The ADA defines disability as:

- A physical or mental impairment that substantially limits one or more of major life activities (mobility, emotional, cognitive, vision, speech, or hearing).

People with disabilities can have a number of disabling conditions. Most disabilities, however, can be grouped in one of the following 3 categories:

- Mobility impairments
- Visual impairments
- Communication impairments

# Dealing with Language Barriers: Language Assistance Practices: Interpreters

See Administrative Policy #87 for more information

## Language Interpreting

- Offer and arrange for a qualified interpreter/translator at the time of scheduling appointment.
- Use “Propio Over-the-Phone interpreting” whenever possible. See Admin Policy #87 for more specific details.
- Interpreting/translating services will be provided at no direct cost to the patient.
- In the event of emergency, family members or less qualified staff may be used.
- Document all required translation details in Cerner using the pre-completed note, “Translation.”

## Hearing Impaired Interpreting

- Offer and arrange for a qualified interpreter/translator at the time of scheduling appointment.
- Interpreting/translating services will be provided at no direct cost to the patient.
- The person scheduling the appointment will contact Administration who will make arrangements for an interpreter to attend appointment.
- In the event of emergency, family members or less qualified staff may be used.



# Mobility and Visual Impairments

**Mobility Impairments**—People with mobility impairments often use assistive devices or mobility aids, such as canes, crutches or wheelchairs.

When interacting with a person that uses a wheelchair:

- Always ask the person if they would like assistance before you help.
- Talk directly to the person in the wheelchair.
- When possible, be on eye level with the person in the wheelchair.
- Don't lean or hang onto a person's wheelchair, as this is often considered part of their personal space.

**Visual Impairments**—Visual impairment is the consequence of a functional loss of vision.

Considerations when interacting with an individual with a visual impairment:

- Tell the person your name and role.
- If a person needs guidance, verbally communicate your intention to offer assistance and offer your arm or hand.
- Make contact with the person's hand with the back of your hand. The person will take hold of your arm, elbow or shoulder.
- Describe the surroundings.
- If you are giving directions, be very specific.

# Tips for Being Inclusive

Six helpful ways to be inclusive both in the workplace and in your everyday life

Remember to be:

**Self-Aware**: Be mindful of bias and act on self-awareness to lessen bias.

**Fair**: Treat all people equitably and make decisions in a manner that mitigates stereotypes and biases.

**Adaptable**: Adjust oneself readily to cultural and work style differences.

**Curious**: Have an open mindset and a desire to understand how others view and experience the world.

**Collaborative**: Encourage autonomy and empower to connect others in pursuit of diverse perspectives.

**Humble**: Have a modest view of one's own importance and an awareness of personal strengths and weaknesses.



# Acknowledgement of Training:

This concludes the Diversity and Cultural Competency Training module.

## ACKNOWLEDGEMENT FORM:

I certify that I have received, read, and understand the Medical Associates Clinic and Health Plans Diversity and Cultural Competence training.



# Resources:

<https://www.cdc.gov/ncbddd/humandevelopment/newsletters/2018-September.html>

<https://cvm.msu.edu/about/diversity/diversity-wheel>

<https://www.nia.nih.gov/health/tips-improving-communication-older-patients>