

Dimensions of Culture Newsletter

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Cross-Cultural Communications for Health Care Professionals



Eliciting Quality Patient Responses in Cross-Cultural Care

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The cultural worlds created by humans are not controlled by universal laws of science; each culture operates according to its own internal dynamic. Even members of a given culture *acquire* most of what they know in the process of growing up. Relating to other people isn't *learned* the way, for example, disease theory is learned. So culture can't be distilled into learned facts and doctors really can't assess their "cultural accuracy" in a given clinical encounter.

As an interculturalist and educator, I help people acquire skills to make them better cross-cultural communicators. I naturally discourage using lists of culture facts as an oversimplified approach to a very complex subject. Using lists of dos and don'ts will tend to obscure the all important context driving any interaction between people of different cultures.

This leads me to the following quote by Edward T. Hall, anthropologist and cross-cultural researcher: *"The essence of cross-cultural communication has more to do with releasing responses than sending*

messages. And it is most important to release the right responses." What could be more crucial totaking accurate patient histories, making diagnosis and treatment plans?

Releasing the right responses begins with asking quality questions.

In past months, the University of Colorado's Department of Pediatrics' Cross-cultural Healthcare Committee set about fine tuning a set of key questions to support cross-culturally responsive care. Though there are already questions/acronyms used in health care to remind providers about cross-cultural issues (LEARN, BASIC, etc.) our department's questions are geared specifically to pediatrics. These questions are grouped under the following headings: seeing the individual in each encounter; beliefs about what causes illness; family dynamics and decision making; seeking treatment & using remedies; understanding/acceptance; and special situations (modesty concerns, death and dying).

The Key Questions document is provided in PDF format at www.dimensionsofculture.com

Look for this article in the article archives.
The PDF is included.

The efforts of the Cross-cultural Healthcare Committee were largely focused on finding the best wording for these questions, so it is important to pay attention to their phrasing. It is also crucial to understand the rationale behind each category as well as the individual questions themselves. Why, for example, is it important to understand the impact of family dynamics on a particular patient? Especially when the patient is a child, family hierarchy is going to determine decision making. How many generations of one family are living in the same house? Who will be administering medications to a sick child – grandma, older siblings?

Being able to release quality responses from patients from *any* culture is a communication skill that comes with experience. Having a set of strategically designed questions at the ready can help providers be more diligent in accessing the cultural implications of a case during encounters with patients and families. The questions may take more time up front, but will lead to fewer misunderstandings and better diagnosis, saving precious time in the long run.

These questions are *not* intended to be used as a check list which would make them about as useful as fact lists; the context of each encounter will determine what information is most important for a provider to obtain. These key questions are intended as a way of drilling down to deeper levels of context. That's where the individual patient's experience is found. That's where real communication can happen so that the patient experiences truly responsive care.

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