Quality Care, Cultural Competence: You, Your Team, and Your Patients

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Workshop Objectives

1. Discuss the role of the provider in improving the quality of care
2. Discuss the team interaction in improving the quality of care
3. Discuss the provider patient relationship and the effect of quality care

Significant Health Disparities Exist In...

Diabetes
Cancer
Stroke
Kidney Disease
The Effect of Race and Sex on Physicians' Recommendations for Cardiac Catheterization

"Men and whites were significantly more likely to be referred than women and blacks."

Kevin Schulman, MD, et. al, NEJM, February, 1999

How does Implicit Bias Contribute to Health Disparities?


Patient identity can affect:
- Clinical interview
- Diagnostic decision-making
- Symptom management
- Treatment Recommendations
- Referrals
- Interpersonal behavior

Primary explanation points to the role of unconscious, automatic (implicit) attitudes

Diversity and Inclusion = Innovation and Productivity

Identity diversity among intelligent people on a team contributes more to effective problem-solving than a team comprised of the best-performing, intelligent people without identity diversity.

NY Times, 2008

Studies have shown that companies that achieve diversity in their management and on their corporate boards attain better financial results, on average, than other companies.

What is Cultural Competence?

- **Culture** refers to a body of beliefs, body of behavior, body of knowledge. (language, thoughts, customs, values)
- **Competence** is having the capacity to function effectively in the context of cultural beliefs, practices and needs of their patients and communities.
- **Cultural Competence** combines tenets of patient centered care with an understanding of the social and cultural influences that affect the quality of healthcare and treatment.

Cultural Competency Development is...

- A journey – not a goal
- A process of self-reflection
  - Understanding our own beliefs and biases
  - Knowing what we bring to clinical encounter or research experience

Disparities Demand Change

<table>
<thead>
<tr>
<th>Geography</th>
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<tbody>
<tr>
<td>- 20% of Americans live in rural areas, only 9% of physicians practice in rural settings</td>
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<tr>
<td>- Rural residents less likely to have health insurance and have fewer doctor visits, preventive tests</td>
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<tr>
<td>- Rural residence correlates with worse health status; higher rates of COPD, Diabetes, and Heart Disease</td>
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<table>
<thead>
<tr>
<th>Gender</th>
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<tr>
<td>- Compared to men, women have:</td>
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<tr>
<td>- Lower incomes to pay for health care</td>
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<tr>
<td>- Higher rates of poverty</td>
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<tr>
<td>- Higher rates of chronic health conditions</td>
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<tr>
<td>- Special burden on women of color</td>
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<tr>
<td>- Poverty rates for Black, Hispanic, American Indian and Alaska Native women are 2.5 to 3 times higher than for Caucasians</td>
</tr>
</tbody>
</table>
Texas Racial/Ethnic Composition Changes: 1980-2050

National Equity Atlas 2016. University of Southern California Program for Environmental and Regional Equity

Disparities in Access to Care for Selected Groups

Percent of access measures for which groups experienced worse, same, or better access to care:

Note: AI/AN American Indian or Alaska Native
Many factors potentially lead to differences in health care:

- Caused by differences in
  - Environment
  - Access to Care (incl. Health Insurance Status)
  - Utilization of Available Care
  - Quality of care
  - Health status
  - Education level and Literacy
  - Transportation Access

- Care-seeking behavior
  - Cultural beliefs
  - Linguistic barriers
  - Trust of healthcare providers

Dimensions of Diversity

Adapted from Diverse Teams at Work, Gardenswartz & Rowe (Irwin, 1994)

Perceptions

Preferences

Selective Attention

11 million pieces of information at any one time

40-50 pieces of information get absorbed

What is bias?
A tendency or inclination that results in judgment without question.

An automatic response. A shortcut to interact with our world.

You
- Implicit Self-Assessment Test
- Implicit. Harvard. Edu

Harvard’s Website
- Cell Phone
- Laptop
- We have detected that you are using a touch device. Click here to take our touch studies.
- Project Implicit
- PROJECT IMPLICIT SOCIAL ATTITUDES
Test Options

<table>
<thead>
<tr>
<th>Test Options</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perception Test</td>
<td>Identifies the ability to distinguish faces of people who are similar, but people who are not. It requires an automatic preference for thin people over cry people.</td>
</tr>
<tr>
<td>Auditory Match Test</td>
<td>Identifies the ability to distinguish faces of people who are similar, but people who are not. It requires an automatic preference for thin people over cry people.</td>
</tr>
<tr>
<td>Visible Difference</td>
<td>Identifies the ability to distinguish faces of people who are similar, but people who are not. It requires an automatic preference for thin people over cry people.</td>
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<tr>
<td>Vocal Distinction</td>
<td>Identifies the ability to distinguish faces of people who are similar, but people who are not. It requires an automatic preference for thin people over cry people.</td>
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<tr>
<td>Sound Comparison</td>
<td>Identifies the ability to distinguish faces of people who are similar, but people who are not. It requires an automatic preference for thin people over cry people.</td>
</tr>
<tr>
<td>Time Comparison</td>
<td>Identifies the ability to distinguish faces of people who are similar, but people who are not. It requires an automatic preference for thin people over cry people.</td>
</tr>
<tr>
<td>Physical Evaluation</td>
<td>Identifies the ability to distinguish faces of people who are similar, but people who are not. It requires an automatic preference for thin people over cry people.</td>
</tr>
<tr>
<td>Mental Engagement</td>
<td>Identifies the ability to distinguish faces of people who are similar, but people who are not. It requires an automatic preference for thin people over cry people.</td>
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What is Unconscious Bias?

Mental associations without:
- Awareness
- Intention
- Control

These often conflict with our conscious attitudes, behaviors, and intentions.
What function does bias serve?

What we see...

Fun
Exciting
Exhilarating

ME
YOU

Scary
Nauseating
Dangerous
What is there...

Welded steel

Bright paint

Nuts and Bolts

Curved design

GROUP ACTIVITY

Culture

Group

Individual

Institutional

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Microaggressions

- Casual degradation of any socially marginalized group, such as the poor or disabled.
- Brief, everyday exchanges that send denigrating messages to certain individuals because of their group membership.

Derald Wing Sue: Everyday Microaggressions

What are Micro-inequities?

1. Micro-inequities are subtle acts of discrimination which are often covert, unintentional and hard to prove.
   - Micro-inequities are the subtle put-downs, snubs, dismissive gestures and sarcastic tones that can zap motivation.

2. They are frequently unrecognized by the perpetrator, but have a significant impact on the recipient.
   - Micro-inequities occur wherever people are perceived to be "different."

3. Micro-inequities work both by excluding the person of difference or by making that person less self-confident and less productive.
   - Single micro-inequities, when viewed in isolation, may seem trivial.
   - Cumulatively, they serve to create a significantly different climate.
Micro-Inequities – “The Power of Small”

- I didn’t say she stole the book.
- I Didn’t say she stole the book.
- I didn’t Say she stole the book.
- I didn’t say She stole the book.
- I didn’t say she Stole the book.
- I didn’t say she stole the Book.

Stephen Young, Insight Education Systems

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Micro-Inequities – How They Show Up:

6 Critical Differences

1. Facial Expressions
2. Tone of Voice
3. Hand Gestures
4. Choice of Words
5. Eye Contact
6. Questions and Interaction

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Ways to Minimize Micro-inequities

1. Become aware of your own stereotypes, prejudices and limitations
2. Be unwilling to be merely a “bystander” when you see micro-inequities occurring.
3. Be inclusive! Help people feel “welcomed.”
4. Be open to feedback from others.
5. Be able to forgive YOURSELF and Others!

Micro-inequities can have a profound impact on how we relate with one another. Now that you are more aware of them, you should be able to recognize subtle forms of micro-inequities in the workplace and to respond appropriately!
GROUP Activity

Face Recognition Activity

Your Patient

https://imagemag.ru/img-ba_hispanic-patients.html

Facilitating Cross Cultural Communication

- Recognize differences
- Build Your Self-Awareness
- Describe and Identify, then Interpret
- Don’t assume your interpretation is correct
- Verbalize your own non-verbal signs
- Acknowledge any discomfort, hesitation, or concern
- Practice politically correct communication
- Give your time and attention when communicating
- Don’t evaluate or judge
- Be cautious about humor - what's funny in one culture may not be in another
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Hospitals often ignore policies on using qualified medical interpreters

A Spanish-speaking male patient entered the emergency department at Anne Arundel Medical Center in Annapolis, Md., in December 2012 suffering from vomiting, abdominal pain and shortness of breath. Over two days in the hospital, he had blood drawn, underwent an abdominal CT scan, received IV fluids and had a urinary catheter inserted. But it’s possible that he never fully understood that fluid was building up in his abdomen and lungs and that his condition could be fatal.

By Sabriya Rice | August 30, 2014

Research testing 2,284 medical doctors found that overall doctors show a strong implicit bias against overweight people.

Men’s bias was stronger than women’s, and bias was strongest among those tested who were the thinnest.

Janice A. Sabin, Maddalena Marini, and Brian A. Nosek, 2012

9 ways to reduce weight stigma

Experts say there are several steps physicians and other health professionals can take to create a more supportive and welcoming environment for obese patients.

1. Consider that patients may have had negative experiences with other physicians or health professionals regarding their weight. Approach patients with sensitivity.

2. Recognize the complex etiology of obesity and communicate this to colleagues and patients to avoid stereotypes that obesity is attributable to personal willpower.

3. Explore all causes of presenting problems, not just weight.

4. Recognize that many patients have tried to lose weight repeatedly.

5. Emphasize behavior changes rather than just the number on the scale.

6. Offer concrete advice — start an exercise program, eat at home, etc. — rather than simply saying, “You need to lose weight.”

7. Acknowledge the difficulty of lifestyle changes.

8. Recognize that small weight losses can result in significant health gains.

9. Create a supportive health care environment with large, visible charts in waiting rooms, appropriately sized medical equipment and patient gowns, and friendly patient-reminding materials.

Models of Effective Cross-Cultural Communication and Negotiation Pt 2

<table>
<thead>
<tr>
<th>Models</th>
<th>Questions</th>
<th>Ref</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eliciting Patient Information and Negotiating</td>
<td>Identify core cross-cultural issues Explore the meaning of illness Determine the social context Engage in negotiation</td>
<td>Carillo JE Ann Int Med 1999;33(10):829-834</td>
</tr>
<tr>
<td>ESTF</td>
<td>Explanatory Model Social risk for noncompliance Fears and concerns about the medication Therapeutic contracting and playback</td>
<td>Betancourt JR Curr HTN Reports 1999;5(6):482-488</td>
</tr>
<tr>
<td>ETHNIC</td>
<td>Explanation Treatment Healers Negotiate Intervention Collaboration</td>
<td>How do you explain your illness? What treatment have you tried? Have you sought any advice from folk healers? Mutually acceptable options Agreed on With patient, family, and healers</td>
</tr>
</tbody>
</table>

**RESPECT Model**

Developed by Boston Medical Center Diversity Taskforce

An action-oriented communication skill set through which to build trust across racial and cultural barriers

- Respect
- Explanatory model
- Social context: Stressors, Support, Spirituality
- Power
- Empathy
- Concerns
- Trust: Therapeutic alliance

How (and why) RESPECT the patient?


**RESPECT Model**

Respect

Show Respect

- Proactively affirm the value, dignity, autonomy of the patient
- Support the importance of concerns through actions, verbal and nonverbal behaviors

To the patient (Mrs. A)

- Listen to Mrs. A’s concerns
- Maintain eye contact and body posture
- Address Mrs. A in her terms
- Affirm comments
- Recognize her efforts, choices, and achievements to control diabetes
**RESPECT Model**

**Explanatory model**

Elicit Action:

Patients often have different understandings than their doctors that will remain unexplored unless elicited by the clinician.

Ask the patient:

- What do you think caused your problem?
- Why did this occur at this time?
- What do you think can be done to treat this?

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**Social context**

Elicit Action:

- Personal, family, or community resources may assist with greater health burdens.

Ask the patient:

- How does patient’s life (especially stressors, supports, spiritual resources) affect his/her illness?
- How does the illness affect his/her life?
- What or who in your life helps you cope?
- What or who makes it harder?
- Where do you find support during times of stress or illness?

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**Power**

Share Action:

- Do not dominate the conversation or speak too much.
- "Build" rather than "take" a history.
- Negotiate an agenda and treatment plan in partnership with the patient.

Ask the patient:

- the patient’s preferences and choices.

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RESPECT Model

Empathy
Show Action:
• Verbally and nonverbally respond to patient’s emotions and demonstrate your understanding.

To the patient
• Put into words the significance of patient’s concerns so the patient feels understood.

RESPECT Model

Concerns and fears
Elicit Action:
• Unvoiced concerns lead to unmet medical needs as well as patient dissatisfaction

Ask the patient
• What worries you the most?
• Any other concerns I should know about?

RESPECT Model

Trust:
Build Therapeutic Alliance
• Don’t assume trust
• Find common ground, with alternative shared goal when patient isn’t ready, or disagrees with your first choice.

Build with patient
• Do we have the same goal?
• Are you ready to manage your diabetes?
6 Ways to Mitigate Your Biases

- Recognize and accept that you have bias
- Develop the capacity to use a flashlight on yourself
- Explore awkwardness, and discomfort
- Practice "Constructive Uncertainty"
- Engage with people you consider "others" and expose yourself to positive role models in that group
- Get feedback

Take a P.A.U.S.E.
A quick way to check your reaction.

- Pay attention to what's actually happening, beneath the judgments and assessments
- Acknowledge your own reactions, interpretations and judgments
- Understand the other possible reactions, interpretations and judgments that may be possible
- Search for the most empowering, productive way to deal with the situation
- Execute your action plan

Remember....

"Of all the forms of inequality, injustice in health care is the most shocking and inhumane."

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