**Cultural Competence Resources from CIRRIE**

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First aired on June 10, 2015

Text version of PowerPoint™ presentation for webcast sponsored by SEDL’s Center on KTDRR and CIRRIE: [www.ktdrr.org/training/webcasts/webcast27](http://www.ktdrr.org/training/webcasts/webcast27/index.html)

Slide Template: Top left, SEDL An Affiliate of American Institutes for Research.

Top right (starting below the word Research in previous line): Center on Knowledge Translation for Disability and Rehabilitation Research

Title Slide 1- Cultural Competence Resources from CIRRIE

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Slide 2- Cultural Competence Resources from CIRRIE

Background image: The top portion of two globes of the world, one in front of the other. At the bottom of the page: Logos for CIRRIE- Center for International Rehabilitation Research Information and Exchange; UB, the University at Buffalo, The State University of New York; and NIDRR.

Slide 3- CIRRIE 1: 2000-2005

* Generic in-service workshops on “Culture Brokering”
* Information resources on the cultures of recent immigrant groups (monograph series and book).

Slide 4- Cover shots of 10 CIRRIE monographs: Culture Brokering, China, Cuba, Dominican Republic, El Salvador, India, Korea, Jamaica, Mexico, Philippines.

Slide 5- Cover of book, Culture and Disability: Providing Culturally Competent Services. John H. Stone, Editor. Multicultural Aspects of Counseling Series 21, Sage.

Slide 6- CIRRIE 2: Pre-service university training (2006-2010)

* Learn CC skills along with other professional skills, rather than in-service
* 4 programs:
	+ Rehabilitation Counseling
	+ Physical Therapy
	+ Occupational Therapy
	+ Speech Therapy

Slide 7- Questions

1. Infusion or separate courses?

 Separate:

* + Overloaded curricula
	+ Isolated from “real” professional skills
	+ Abstract, unrelated to practice

 Infusion:

* + Implications in different contexts
	+ All faculty
	+ Reappears each semester and deepens

Slide 8- Questions (cont.)

2. Profession-specific or Generic?

* Generic is more abstract - must avoid examples, terminologies and concepts of any one profession.
* Profession-specific: students see relevance and applicability to their profession, not something outside its mainstream.

Slide 9- Multi-disciplinary cases

* Case studies developed in one program can be adapted for another (OT, PT, Speech, Rehab Counseling).
* General facts of the case may be the same, but questions, assignments & problems may be different.
* Analyze cultural factors in a multi disciplinary perspective

Slide 10- Strategy: Make material available to instructors

* Most instructors did not have cultural competence instruction when they were students.
* Most instructors value such instruction, but have difficulty incorporating it into their courses.
* Instructors more likely to infuse in their courses if provided with curriculum guides and materials.

Slide 11- Resources

Curriculum guides at [http://cirrie.buffalo.edu/curriculum/guides](http://cirrie.buffalo.edu/curriculum/guides/index.html)

Slide 12- The Road to Culturally Competent Care

Campinha-Bacote (1991): Suggests four factors that contribute to culturally competent care:

 1. Cultural awareness/sensitivity

 2. Increasing cultural knowledge/worldviews

 3. Developing cultural skills

 4. Participating in cultural encounters

Slide 13- Participating in Cultural Encounters

What really matters when we send our graduates to practice in our health care community?

How do we want our graduates to conduct themselves when they are practicing?

Image courtesy Karen Panzarella: 6 individuals in graduation gowns, holding diplomas

Slide 14- The Rehabilitation Service System is a Cultural System

How can the Health Care Provider work **Through,** rather than **Against,** the culture of foreign-born consumers?

How does the health care team work **through** cultural barriers?

Image courtesy Karen Panzarella: Therapist is sitting on large ball and holding the arms of client sitting on a bed.

Slide 15- Cultural Brokering

\* The act of bridging, linking or mediating between groups or persons of differing cultural backgrounds for the purpose of reducing conflict or producing change

\* The cultural broker acts as a go-between, advocating on behalf of another

\* The cultural broker is a problem solver and must understand

(Jezewski, 1990)

Slide 16: To Gain Perspective of Clients from Diverse Cultures

1. What do you think caused your problem (disability)?
2. Why do you think your problem (disability) started when it did?
3. What do you think your sickness (disability) does to you? How does it work?
4. How severe is your sickness (disability)? Will it have a short or long course?
5. What kind of treatment do you think you should receive?
6. What are the most important results you hope to obtain from this treatment?
7. What are the chief problems your sickness (disability) has caused you?
8. What do you fear most about your sickness (disability)?

(Kleinman, 1978)

Slide 17: What is Simulation?

Image courtesy Austrian Space Forum: Image of NASA flight simulation in the early 1970’s, performing a medical procedure in weightless environment.

Slide 18: What is Health Care Simulation?

(on left) Image courtesy Karen Panzarella: 5 individuals participate in simulation training with a high fidelity manikin on a gurney or table.

(on right) Image courtesy Karen Panzarella: individual participates in simulation training with a simulated patient in bed and spouse (actors) in hospital-like setting

Slide 19: Immersive Simulation

* Patient Management
* Immediate Debriefing
	+ Reflection
	+ Improvement
* Repeat
* Critical Thinking Skills
* Improved Communication
* Improved Patient Safety

Image courtesy Karen Panzarella: individuals participating in simulation training with a high fidelity manikin in a hospital bed

Slide 20: Not Just For Codes

* Reinforce management
* Ethical dilemmas
* Difficult conversations
* Unprofessional team member
* Communication
* Scenarios grounded in:
	+ Objectives
	+ Performance measures

Image courtesy Karen Panzarella: individuals participating in simulation training with a low fidelity manikin for practice of CPR/cardiac arrest

Slide 21: Framework of a Case Scenario

“Creates the base to transition a case study lecture animation/practice session into an integrated immersive patient care management experience”

J. Kleinman, RN, MA 2009

Medical Simulation Design

Slide 22: Components of a Case Scenario

* Cognitive Threads
* Technical Threads
* Behavioral Threads

Slide 23: Cognitive Threads

* Understand clinical presentation
* Identify contributing risk factors
* Recognize a change in patient status
* Plan correct intervention/ treatment
* Acknowledge all levels of cultural impacts

Slide 24: Technical Threads

* Assessment
* Infection Control
* Medication Administration
* Patient Safety
* Documentation

Slide 25: Behavioral Threads

* Communication
* Situational Awareness
* Decision Making / Prioritization
* Leadership
* Professional Behavior

Slide 26: Mrs. Nekita Lamour

Patient is a 68 year old Haitian female 5 days status post Right below knee amputation due to a crushing injury from an earth quake in Haiti, pt. was transferred to a US hospital for surgery, pt. speaks very limited English. Patient has been medically cleared for discharge from the hospital

Image courtesy Karen Panzarella: High fidelity manikin in hospital bed

Slide 27: Occupational Therapy Screening

Image courtesy Karen Panzarella: Occupational Therapy learner performing an upper extremity screen on a patient at bedside (high fidelity manikin), with the physical therapy learner observing

Slide 28: Physical Therapy and Occupational Therapy Consulting with Patient and her Daughter

Image courtesy Karen Panzarella: OT and PT learners attempting to communicate with a patient who speaks French (high fidelity manikin), daughter is at bedside and willing to interpret

Slide 29: Debriefing

Learners develop the desire for Culturally Competent Care and understand it is a life-long process.

Image courtesy Karen Panzarella: a group of learners from OT, PT, nursing, engaged in a debriefing session after a clinical case scenario, sitting around a large table and viewing a video.

Slide 30: INTEGRATED DEBRIEFING GUIDE

* Give us a quick summary of what happened.
* What went well? What didn’t go so well?
* What was concerning about this case? Please explain
* What cultural influences may have been present in this case? How were they addressed? How should they be addressed?
* How were decisions made? Was the pt. and family involved in the decision making process?
* What resources could be accessed?
* How was the family involved in the decision making process?

Slide 31: Juan Dominguez

Patient is a 64 year old El Salvador male. Patient was admitted 5 days ago for osteomyelitis and gangrene of the (L) foot. Patient underwent a supramalleolar amputation of the (L) foot 1 day ago. A Physical Therapy evaluation has been ordered for mobility, transfers and strengthening to prepare for D/C to home.

Embedded Challenge: Patient requests a female nurse

Image of Hispanic male: Photographic image supplied by istockphoto in compliance with SEDL's annual license agreement

Slide 32: Scenario of Juan Dominguez is played within the YouTube video and the webcast transcript includes the video’s transcript.

Description of video clip: Male Nurse learner enters the room to care for Mr. Dominguez. The patient speaks some English and is confused why he is a nurse if he is a male. The patient wants “Julie” the female nurse from yesterday and continues to question the Nurse if he is a Doctor? A female Physical therapist learner enters and now they must problem solve how to proceed with patient care taking into consideration Mr. Dominguez’ request for a female nurse.

Slide 33: Hosanna Boothe

Patient is a 88 year old female of Jamaican decent who fell in her kitchen while doing dishes 3 weeks ago. Patient underwent a (L) total hip replacement 2 weeks ago without complications. Patient was discharged from the hospital 1 week ago and has been in a sub-acute facility for 1 week. Patient has been attending OT and PT therapy daily for mobility training for goal D/C to home in one week.

Embedded Challenge: Patient refuses to participate in rehab for the week due to Jamaican national holiday

Image of elderly black female: Photographic image supplied by istockphoto in compliance with SEDL's annual license agreement

Slide 34: Scenario of Hosanna Boothe is played within the YouTube video and the webcast transcript includes the video’s transcript.

Description of video clip: OT and PT enter together to bring Mrs. Boothe to rehab gym for treatment. Mrs. Boothe does not want to participate in rehab due to a Jamaican holiday called Emancipation, which lasts an entire week. Mrs. Boothe’s daughter arrives and is ready to prepare her mother for the celebration. The OT and PT must negotiate a solution with Mrs. Boothe and her daughter.

Slide 35: Zhang Li

Mr. Li is a 35 year old male of Chinese decent referred to physical therapy for evaluation low back pain. Due to his cultural beliefs he has avoided western medicine except for appointments with his primary MD, who is also of Chinese decent and maintains a practice in China Town where Zhang lives. Mr. Li speaks a few words to express his interest in homeopathic remedies such as Tai Chi and acupuncture.

Embedded Challenge: Patient is resistant to treatment and is only attending PT at the suggestion of his MD

Image of Asian male: Photographic image supplied by istockphoto in compliance with SEDL's annual license agreement

Slide 36: Scenario of Zhang Li is played within the YouTube video and the webcast transcript includes the video’s transcript.

Description of video clip: Two PT learners enter to perform an evaluation with Mr. Li, who is experiencing back pain. Mr. Li expresses his concern for medications and his desire for acupuncture and TaiChi. As the PTs continue the evaluation, they need to reproduce Mr. Li’s symptoms during the evaluation.

Slide 37: Outcomes reported from Learners…

* Interpersonal skills are key
* Language barriers are rough but manageable
* Importance of laying out everything you are going to do with the patient so they understand
* How to utilize an interpreter
* Received a better grasp on dealing with patients of different ethnicities
* Make sure to communicate with others, Social Workers and OT
* Communicate more with other disciplines

Slide 38: CULTURAL AWARENESS

The words Cultural Awareness are at the top in the center of the slide.

An arrow to the left leads to a box: Didactic vs Clinical Experience

There is a list of four items under the box:

* Classroom discussion does not translate to real life clinical experiences.
* Simulation based learning provides realistic challenges
* Variety of cases and clinical settings helpful.
* Use of live actors was more productive than mannequins.

An arrow to the right leads to a box: Communications

There is a list of four items under the box:

* Simulated based learning stimulates communication between professions
* Provides opportunity to communicate and work as a team.
* Language barrier greatest issue for students concerning communication
* Stimulation based learning to help form strategies of non-verbal communication

Slides 39-42: 15 cultural cases created for use in simulation based cultural training. Table with 6 columns, starting on the left: Case number; Patient Name; Learners/Confederates; Setting/Dx; Cultural Challenge; Embedded Challenges.

Slide 39- Headings and Cultural Cases 1-3.

#1 CIRRIE Haiti Earthquake: Mrs. Flore Paui; OT, PT, (SW); Acute Care Hospital, (R)TKR; Haitian, transferred to US Hospital following earthquake, Pt. is in pain and believes she should rest and not participate in therapy; Determine if pt. can participate in rehab and potential for D/C.

#2 CIRRIE Haiti Earthquake: Mrs. Nekita Lamour; OT, PT; Acute Care Hospital, (R) BKA; Haitian, transferred to US following the earthquake for surgery, speaks very limited English, must use daughter to translate; Determine if patient is able to travel back to Haiti within a day.

#3 CIRRIE-Haitian Immigrant: Mr. Emmanuel Herling; OT, PT, MD/Nursing; Outpatient rehab department within hospital setting, (L) shoulder injury, acute coronary episode; Haitian, recent immigrant, anxious about home repairs, does not understand seriousness of condition, speaks limited English; Differential diagnosis for (L) shoulder pain, gain trust to transfer to ER

Slide 40- Cultural Cases 4-7

#4 CIRRIE Brazilian Immigrant: Mr. Jose` Eduardo Silva; PT, MD, SW, Nursing; Acute Care Hospital, telemetry unit, (L) shoulder injury, acute coronary episode; Brazilian recent immigrant, anxious about trip in a few days to return to Brazil for Carnival; Pt. wants to leave hospital against medical advice to return to Brazil for Carnival

#5 CIRRIE Brazilian Transnational: Mr. Giovani Acquarone; MD or NUR, OT, PT; Waiting room of outpatient rehab department within Hospital, MS, acute coronary episode; Brazilian transnational, spends ½ time in Brazil; Pt. unresponsive, is found to have a revolver in his possession, wife frantic, concerned about law enforcement

#6 CIRRIE Mexican Immigrant: Senor Hernan Riojas-Cortez; SLP, PT. (MD, Dentist, Pharm by phone); Home Care, (L) CVA; Mexican Immigrant, speaks limited English, wife possessive caregiver; Pt. portraying machismo and noncompliant with meds

#7 CIRRIE Mexican Immigrant: Senora Ladonna Chavez; OT, PT, NP; Outpatient Rehab Center; (R) frozen shoulder; Mexican Immigrant since childhood, husband controlling and wants wife to have surgery instead of rehab.; Pt. very concerned over not being able to fulfill role of caretaker to grandchildren and aging parents, displaying Marianismo

Slide 41- Cultural Cases 8-11

#8 CIRRIE El Salvador: Juan Dominguez; Male Nurse, Female PT; Acute Care Inpatient Hospital supramalleolar amputation of the (L) foot; El Salvador immigrant Pt. works on a farm picking crop he is able to walk to work, the family does not own a car; patient requests a female nurse his culture believe nurses should be a female role

#9 CIRRIE El Salvador: Juan Dominguez, PT Nurse; Acute Care Inpatient Hospital (L) BKA 5 days ago; El Salvador immigrant Pt. works on a farm picking crop he is able to walk to work, the family does not own a car; issues related to language and the use of an interpreter, how the culture feels about disability and entering back into the community

#10 CIRRIE Jamaican; Hosanna Boothe; PT, OT; Sub-Acute Rehab; Female, Jamaican immigrant who underwent a (L) total hip replacement and is now in a sub-acute facility for 1 week; Pt. refuses to participate in OT/PT due to Jamaican national holidays

#11 CIRRIE Jamaican; Joseph Clarke; PT, OT; Outpatient Orthopedic Clinic, Male, Jamaican immigrant referred to physical therapy and occupational therapy for evaluation and treatment for adhesive capsulitis of the (R) shoulder; Pt. is resistant to treatment and feels his independence is an important factor of the Jamaican culture

Slide 42- Cultural Cases 12-15

#12 Muslim: Aisif Muhammad; PT, OT, Dietician; Acute, Phase 1 Cardiac Rehabilitation; Male, Iranian descent is Muslim, suffered an acute MI 3 days ago; Pt. wants to go home and have his wife and kids care for him, is adamant about being able to pray during PT evaluation, wife wants her husband D/C

#13 Muslim: Aaliyah Madiyan; PT and Dietician; Sub-Acute Rehabilitation; Female, Muslim, s/p TKR; Pt. is observing Ramadan and is lethargic due to fasting

#14 Chinese: Zhang Li; PT; Outpatient Orthopedic Clinic; Male, immigrant from China, with low back pain; Pt. practices traditional Chinese medicine, is very quiet and does not make eye contact

#15 Chinese: Feng Li; OT &PT; Home Care Visit; Male of Chinese decent, s/p BKA; Pt. has strong independent nature, is upset that he cannot currently care for his family, is reluctant to rehab services

Slide 43- Thank you!

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Please complete the brief evaluation form: <http://www.surveygizmo.com/s3/2108288/Eval-CIRRIE-2015>

Slide 44- Disclaimer

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