

## Component I: Core

### Module A: Introduction to the Profession of the Medical Assistant

#### Topic 6: Cultural Competency

##### Statement of Purpose

To prepare the learner with basic knowledge of cultural competence in the health care field.

##### Student Learning Outcomes

Upon completion of this topic, the learner will be able to:

1. Spell and define key terms.
2. Reflect on perceptions of multiculturalism.
3. Discuss issues related to multicultural personal contact.
4. Identify dynamics of prejudice.
5. Explain why cultural bias (stereotyping) affects the quality of patient care.
6. Attain cultural competence in health care.

##### Terminology

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|------------------------|---------------------|
| 1. Bias                | 8. Multiculturalism |
| 2. Culture             | 9. Perceptions      |
| 3. Cultural competence | 10. Personal space  |
| 4. Customs             | 11. Prejudice       |
| 5. Disrespect          | 12. Society         |
| 6. Eye contact         | 13. Values          |
| 7. Hand gestures       |                     |

##### References

1. Davis, F.A. (2013). *Taber's Cyclopedic Medical Dictionary* (22<sup>nd</sup> Ed.). Philadelphia: F.A. Davis.
2. French, L.L., Fordney, M.T. (2013) *Administrative Medical Assistant* (7<sup>th</sup> Ed.) Clifton Park, NY: Delmar, Cengage Learning.
3. Blesi, M., Wise, B.A., Kelley-Arney, C, (2012) *Medical Assisting Administrative and Clinical Competencies* (7<sup>th</sup> Ed.) Clifton Park, NY: Delmar, Cengage Learning.
4. Lindh, W., Pooler, M., Tampara, C., Dahl, B., Morris J. (2014). *Comprehensive Medical Assisting Administrative and Clinical Competencies* (5<sup>th</sup> Ed.). Clifton Park, NY: Delmar, Cengage Learning.
5. Kronenberger, J., Southard Durham, L., Woodson, D. (2013). *Comprehensive Medical Assisting* (4<sup>th</sup> Ed.). Philadelphia, PA: Lippincott, Williams & Wilkins.
6. Booth, K.A., Whicker, L.G., Wyman, T.D., Moaney-Wright, S. (2011). *Medical Assisting: Administrative & Clinical Competencies with Anatomy and Physiology*. (4<sup>th</sup> Ed.). New York, New York: McGraw-Hill Company, Inc.
7. Tannis Dennerll, J., Davis, P.E. (2010). *Medical Terminology: A Programmed Systems Approach*. (10<sup>th</sup> Ed) Albany, NY: Delmar, Cengage Learning.
8. Proctor, D. B., Young-Adams, A.P. (2011). *Kinn's The Medical Assistant: An Applied Learning Approach* (11<sup>th</sup> Ed.). Philadelphia, PA: Saunders Elsevier.

Content Outline/Theory Objectives	Suggested Learning Activities
<p><b>Objective 1</b>  <b>Spell and define key terms.</b></p> <ul style="list-style-type: none"> <li>A. Review the terms listed in the terminology section.</li> <li>B. Spell the listed terms accurately.</li> <li>C. Pronounce the terms correctly.</li> <li>D. Use the terms in their proper context.</li> </ul>	<ul style="list-style-type: none"> <li>A. Games: word searches, crossword puzzles, Family Feud, Jeopardy, bingo, spelling bee, hangman and concentration.</li> <li>B. Administer vocabulary pre-test and post-test.</li> <li>C. Discuss learning gaps and plan for applying vocabulary.</li> </ul>
<p><b>Objective 2</b>  <b>Reflect on perceptions of multiculturalism.</b></p> <ul style="list-style-type: none"> <li>A. The way a person perceives situations and other people is greatly influenced by cultural, social and religious beliefs. Keep an open mind.</li> <li>B. Each culture has its own society with its own customs, standards of living, values, interest and other characteristics that distinguish it from other cultures.</li> <li>C. Members of one culture generally may not understand the differences between their culture and other cultures.</li> <li>D. Expectations of health care providers regarding patient behavior may be unrealistic for all those patients who are from a different cultural background.</li> <li>E. There is a tendency to make judgments about unfamiliar cultures.</li> <li>F. Most Americans believe in Western medicine, while other cultures may practice Eastern medicine or holistic health (treating the mind, body and spirit) and homeopathic treatment (folk remedies, medical rituals or healing ceremonies).</li> </ul>	<ul style="list-style-type: none"> <li>A. Lecture/Discussion</li> <li>B. Assigned Reading</li> <li>C. Group sharing</li> <li>D. Prepare a list of cultures commonly encountered in your service area.</li> <li>E. Assign students to present a short report on one culture and their perceptions of patient behavior.</li> </ul>
<p><b>Objective 3</b>  <b>Discuss issues related to multicultural personal contact.</b></p> <ul style="list-style-type: none"> <li>A. Personal space is the space needed to feel comfortable with one's distance from another               <ul style="list-style-type: none"> <li>1. Americans usually have a three foot radius of personal space.</li> <li>2. Personal space varies by culture.</li> </ul> </li> <li>B. Touch               <ul style="list-style-type: none"> <li>1. Use caution when touching.</li> <li>2. A touch can easily be misunderstood.</li> <li>3. Some cultures only elders may touch the head of small children.</li> <li>4. Handshake is a sign of respect in some cultures yet off-limits in others.</li> </ul> </li> <li>C. Greeting another person is important in all cultures.</li> <li>D. Hand gestures               <ul style="list-style-type: none"> <li>1. Hand gestures help communicate many things.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>A. Lecture/Discussion</li> <li>B. Assigned Reading</li> <li>C. Assign students to present a short report on one culture and their perceptions of patient behavior.</li> </ul>

<ul style="list-style-type: none"> <li>2. Use correct hand gestures so that others are not offended or confused.</li> <li>E. Eye contact <ul style="list-style-type: none"> <li>1. In some cultures eye contact indicates that a person is listening and is sincere, honest, and believable.</li> <li>2. Some cultures feel that direct eye contact is hostile, disrespectful, or sexually suggestive.</li> </ul> </li> <li>F. Conversation <ul style="list-style-type: none"> <li>1. Speak clearly.</li> <li>2. Speak in moderate tones.</li> <li>3. Pronounce the entire word.</li> </ul> </li> <li>G. Timeliness <ul style="list-style-type: none"> <li>1. Americans value promptness, considered good manners.</li> <li>2. Some cultures where life-styles are more relaxed being late is not unmannerly or disrespectful.</li> </ul> </li> <li>H. Personal questions <ul style="list-style-type: none"> <li>1. Some cultures are offended by the types of intensely personal questions necessary for a medical history and feel it is an invasion of privacy.</li> <li>2. Other cultures see it as a sign of respect.</li> </ul> </li> </ul>	
<p><b>Objective 4</b> <b>Identify the dynamics of prejudice.</b></p> <ul style="list-style-type: none"> <li>A. Judgments or opinions are made before facts are known.</li> <li>B. Prejudices are biased opinions rooted in fear.</li> <li>C. Prejudices influence perceptions and communications.</li> <li>D. By understanding our prejudices and feelings, we have the opportunity to overcome prejudices.</li> </ul>	<ul style="list-style-type: none"> <li>A. Lecture/Discussion</li> <li>B. Assigned Reading</li> </ul>
<p><b>Objective 5</b> <b>Explain why cultural bias (stereotyping) affects the quality of patient care.</b></p> <ul style="list-style-type: none"> <li>A. All patients must be treated fairly, respectfully and with dignity regardless of their cultural, social and personal values.</li> <li>B. Barriers create inconsistencies in patient care.</li> <li>C. Disrespect for cultures different from our own may affect quality of care.</li> <li>D. Bias/stereotyping is holding an opinion of all members of particular culture, race, religion or age group based on oversimplified or negative characterizations. <ul style="list-style-type: none"> <li>1. All old people are hard of hearing.</li> <li>2. Those people are always dirty and never bathe.</li> <li>3. That group of persons are always late.</li> <li>4. Alternative lifestyles.</li> <li>5. Economic status.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>A. Lecture/Discussion</li> <li>B. Assigned Reading</li> <li>C. Arrange for a pot luck meal with cultural foods represented.</li> </ul>
<ul style="list-style-type: none"> <li>1. Awareness of personal attitudes, beliefs, biases and</li> <li>2. Interactions with other members of the health care team from diverse racial, ethnic and sociocultural backgrounds.</li> <li>3. Improvement of the quality of care and health</li> </ul>	<ul style="list-style-type: none"> <li>A. Lecture/Discussion</li> <li>B. Assigned Reading</li> <li>C. Assign students to present a</li> </ul>

<p>outcomes.</p> <ol style="list-style-type: none"> <li>4. Understanding of the patient's beliefs of health and illness.</li> <li>5. Recognition of culturally influenced health behaviors.</li> <li>6. Continual evaluation of personal level of cultural competency as part of an ongoing effort to provide better health care.</li> <li>7. Understanding that there is no “one” way to treat any racial and ethnic group.</li> </ol>	<p>short report on their culture or a culture of interest. Have students include beliefs of health, illness and remedies.</p>
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