



Wendy Leebov's

HeartBeat

On The Quality Patient Experience

www.quality-patient-experience.com

Regular Features

- Wendy's Soapbox
- Quoteworthy
- BOOST Your HCAHPS Scores
- Patients Speak
- I Love This Book
- Newsbyte
- Ask Your Team These Cage-Rattling Questions

Wendy's Soapbox

Patient-Centered Care:

The Best Way to Become Culturally Competent

Over the years, I've been quick to advise people to make and sustain eye contact as a sign that we are being present and attentive to the person we're serving. Whoa! It's not that simple!

I've been reading lately about cultural competence and how people from different cultural groups interpret specific nonverbal behaviors in very different ways. For instance, people in some cultural groups experience direct eye contact by their healthcare provider as a sign of attentiveness and respect, while members of other cultural groups experience it as disrespectful -- an invasion of personal space. So, since we intend to be respectful, faced with a specific individual, do we make eye contact or not?

It's helpful to learn about the tendencies and preferences of people from various cultural groups. The University of Washington Medical Center provides tip sheets for clinicians regarding how different cultures perceive illness, make health care decisions, and relate to touch. There are tips about African American, Albanian, American Indian/Alaska Native, Chinese, Deaf, Hard of Hearing, Korean, Latino, Russian, Somali, and Vietnamese cultures. [Click here to access this GREAT free resource.](#)

Yes, But...

An anthropologist by training, I am a strong advocate of learning about different cultural patterns, but wait! Faced with a *particular* patient, family member or coworker, you can never be sure that any generalizations you learned about that person's culture actually apply to them *as an individual*. To *assume* that it does apply is nothing short of stereotyping. Stereotyping creates blind spots and interferes with one's ability to tune into cues and clues in the present moment about what the *individual* is thinking, feeling and needing.

What to Do?

If it's risky to assume that an individual likes or doesn't like eye contact based on cultural generalizations, what do you do? There is an answer! Take your cues from the person. *Mirror their nonverbal behavior*. If they look down and back away, then look down and back away. Their behavior is telling you they are uncomfortable. Observing and mirroring or matching your nonverbal behavior to theirs is what I think of as nonverbal *listening*. [To see concrete examples, preview my video "Showing Caring Nonverbally".](#)





The Best Way to Become Culturally Competent (continued)

What more can you do to communicate with cultural competence? Become aware of and sensitive to cultural patterns. And then, when you're interacting with an individual, use the questioning tactics key to patient-centered care to *individualize* your communication. The strategies key to patient-centered care and cultural competence are almost identical. ([Click here to see the compelling overlap.](#))

Several researchers have identified great questioning protocols for cross-cultural situations, especially between physicians and patients/families. The bottom line: Don't assume. ASK!

Models of Cross-Cultural INQUIRY, Communication and Negotiation

- BATHE (Stuart and Lieberman)
- BELIEF ((Dobbie et al)
- ETHNIC (Levin et al.)
- Kleinman's Questions
- LEARN (Berlin and Fowkes)

One More Consideration

Did you know that, in the face of cultural differences, provider communication tends to be exclusively task-oriented? Perhaps the provider is a bit anxious or doesn't want to presume to be able to acknowledge the patient's feelings for fear of being wrong. So, the interaction tends to be -- the facts. In **A Comfortable Relationship: A Patient-derived Dimension of Ongoing Care** (Nancy Pandhi, Barbara Bowers, Fang-pei Chen; *Family Medicine*; April, 2004) and **What Latina Patients Don't Tell Their Doctors** (K. Julliard et al.; *Annals of Family Medicine*; Nov/Dec 2008), the researchers affirm this fact. And they conclude: To encourage disclosure, comprehension, partnership and adherence, providers need to make an extra effort to *make their caring felt with patients and families different from themselves*. *Comfort* with the provider is critical for people from diverse cultures, and comfort isn't achieved unless the provider personalizes the interaction and communicates their caring.

The Bottom Line

Want to communicate in a more patient-centered way, develop cultural competence. Want to communicate in a culturally competent way, become patient-centered.



Quoteworthy:

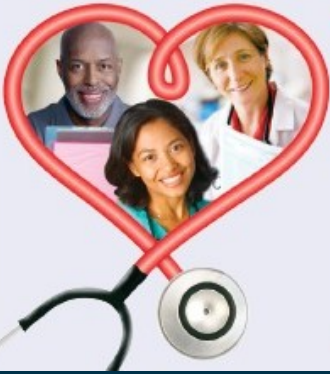
"It's how people communicate, the level of support and the organizational culture that trump any single intervention or any single strategy that hospitals frequently adopt."

—Elizabeth H. Bradley; Global Health Leadership Institute at Yale University

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Audrey Jadczyk
VP & Chief Nursing Officer
St. Mary Medical Center, Langhorne, PA

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Communication that makes your caring *felt* has the power to transform the patient experience... for the benefit of patients, families and staff...and for the benefit of the bottom line.

The Language of Caring System is demonstrating terrific results. In keeping with our mission, we want to see even more organizations implement the system and reap these benefits:

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*"Our overall patient satisfaction has increased by **20 points** since we implemented our caring communication program just six months ago. Staff feedback has been amazing too. Initially, some staff thought the training would be a waste of time—because they're already caring. In the end, almost every individual saw the value. Without taking more time, they could **show** patients how much they care."*

**Dianna Reely; Former VP, Patient Experience
Overlake Hospital Medical Center**



"It's very gratifying to see our staff apply the caring communication skills, because the patients are responding so well and the staff feel better about their work. We've seen significant improvement in our target units."

**Terry Kirk; Chief Nursing Officer
Houston Northwest Medical Center**



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Houston Northwest Medical Center
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Northumbria Region; United Kingdom

Union Hospital; Elkton MD
Overlake Hospital Medical Center
VA-San Diego
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Summit Health
Peace Health
St. Luke's Roosevelt; NY

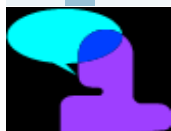


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Patients Speak

About Healthcare Reform

- "I really don't understand it at all. I don't think the politicians do either? And my doctor said he is clueless."
- "Is it good for me or bad for me?"
- "I think it means more people will get healthcare, and that's good."
- "All I know is that my family is getting better care than they used to. And hospitals seem to care what they think."



I Love This Book

The Spirit Catches You and You Fall Down By Anne Fadiman

All by itself, this book is a powerful lesson in cultural competence. This is a moving, disturbing, and eye-opening true story of the struggles of a Hmong refugee family from Laos and their interactions with a health care system in California.

The book tells the story of the family's daughter **Lia Lee** who is diagnosed with severe epilepsy, and the culture conflict that interferes with effective treatment.

Miscommunications about medical dosages, parents' refusal to approve use of certain medicines due to mistrust and misunderstandings and physicians' lack of empathy toward the traditional Hmong lifestyle all lead to a worsening of Lia's condition.

After reading this book, Lia's doctor said (in a review on www.amazon.com), "Anne walks an incredibly fine and very well documented line as she describes what happens when American medical technology meets up with a deep and ancient Eastern culture. My team (Western medicine) failed Lia. Never have I felt so fairly treated in defeat, and never have I felt so much respect for an author's skillful distillation of a tragically murky confrontation of cultures."

This book is gripping AND a powerful learning experience.



Newsbyte

In response to the healthcare reform law, Health and Human Services has unveiled its ***National Strategy for Quality Improvement in Health Care***, a detailed road map the department says will guide future efforts to make care safer, more patient-centered and more affordable.

The *National Quality Strategy* identifies six priorities for improving care and population health, including making care safer by reducing harm; *engaging patients and family members as partners*; promoting preventive care; and working with communities to foster healthy living practices. HHS will be working with key stakeholders to develop specifics. [Click here to learn more.](#)



Ask Your Team These Cage-Rattling Questions: A Trigger For Crucial Conversations

Think about the people you serve. Choose one point in your services when the people you serve are most likely to feel anxious.

- What is one thing you can do to prevent anxiety at that point for the people you serve?
- For anxiety that you can't prevent, what can you SAY to the person that might ease their anxiety?

Have your team discuss this in a staff meeting and share the results. Make the point that in healthcare, anxiety reduction is a powerful driver of patient satisfaction. Patients and families appreciate the provider who makes an effort to reduce their anxiety.

GREAT Conferences, GREAT Organizations!

I had the pleasure of presenting "*Teaching Caring Communication*" at the **Beryl Institute's Patient Experience Conference 2011** in Dallas a couple of weeks ago. The conference was TERRIFIC! Superb speakers and rich opportunities to network with other patient experience fanatics and strategists. If you're not yet a member of the Beryl Institute, I urge you to look into it. The resources are invaluable. The connection to other likeminded souls, the terrific studies, white papers, webinars, newsletters, regional roundtables, and tools make membership an unbeatable value. Executive Director Jason Wolf is a passionately committed, creative, and enterprising leader who, along with his dynamic team, will no doubt grow membership, find creative ways to help people learn from each other and provide resources that advance our pursuit of the great patient experience. [Click here for more info.](#)

Congrats to Kourtney Sproat and the **Society for Healthcare Consumer Advocacy** for a fabulous conference in early April. I was privileged to present the Keynote: "*Getting a Grip: Personal Coping Strategies for People Running Ragged*" and a breakout session called "*How to Be a Powerhouse Change Agent*". Patient advocates are increasing their already significant leadership roles in strategies to enhance the patient experience and are invaluable resources to coworkers as well. The spirited sharing of knowledge and best practices through the conference and also through their newsletter, on-line resources, and webinars make SHCA membership a very wise investment for people in MANY different jobs—patient advocates, service excellence and patient experience leaders. [Click here for more info.](#)



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