



Stories by Kristina Anderson,  
Contributing Writer

# Cultural Competency

Fifth in a Series

## On the Cutting Edge Of Cultural Competency

Last December Katherine Ott, publications manager at the ASRT, received an e-mail from Catherine Stevens, R.T.(R), a radiographer at Oakwood Hospital and Medical Center in Dearborn, Mich., thanking her for the Spanish translations of patient pages in *Radiologic Technology*.

“The Spanish edition is so much help to us,” wrote Ms. Stevens, who is imaging coordinator of quality management and education in the department of imaging services. “Is it possible to get these items translated into Arabic as well?”

That was just one of several e-mails Ms. Ott has received in recent years asking how feasible it is to translate ASRT’s patient pages into other languages, which has left her wondering: How can ASRT help R.T.s practicing in diverse communities meet the needs of their patients with culturally appropriate information? The answer: You ask them.

A phone call to Ms. Stevens to find out what Oakwood is doing regarding cultural diversity opened the shell with a pearl inside. Its imaging department is on the forefront of cultural competency.

### A Task Force and Three Teams

Oakwood Hospital and Medical Center is a four-hospital system 10 miles from Detroit. In the early 1990s hospital administrators began exploring ways to better meet the needs of their diverse patient population. The Arab-American community was growing in leaps and bounds, but so were the Hispanic, Asian and Polish populations. Today, Dearborn has the largest Arab community outside the Middle East. Oakwood’s administration developed the Transcultural Strategic Task Force in 2003.

The task force looked at the health care needs of not only the ethnic and minority communities the hospital serves, but also women and gays and

lesbians. “Also unique to our institution is that we are a few miles from the airport, so any medical emergencies that occur on a plane or at the airport end up at our hospital,” Ms. Stevens said. “And since Detroit is home to three major car-makers, people from all over the world travel to this area.”

The Transcultural Strategic Task Force consists of three teams. One works to establish relationships with representatives from diverse communities in the area. The second is a language team that has established in-house interpreters and translators along with a language phone line. And the



third team has been charged with developing a culturally competent work force.

"We've heard from numerous people, including JCAHO, [the Joint Committee on the Accreditation of Healthcare Organizations] that we have a superior program," said Ms. Stevens.

### Saying 'Hold Your Breath' in Another Language

Oakwood received a federal grant from Culturally and Linguistically Appropriate Services to develop its in-house interpreter services and took innovation by the horns. The task force spread the word internally that it was looking for bilingual staff willing to translate when in-house interpreters were not available, and the response was phenomenal.

"We now have a complete list of clinically competent staff who volunteer to serve as translators," said Ms. Stevens. "Like those times when you need someone who can tell a patient 'Hold your breath,' in their language."

She cited another example. Suppose a visitor from Japan arrives at the airport and ends up in the ER. "If no interpreter is available, an employee can go to our Web site, access the

list of volunteer translators, and request a Japanese-speaking employee to come help."

And if that employee is with another patient or not working that day? Someone else covers, and if the volunteer translator is off work, that person may come in anyway because of the dire need. "It takes a lot of team work, but everybody buys into the system because it affects us all. This makes our lives and the lives of our patients easier and less stressful."

### Trainings and Resources

Toward creating a culturally competent work force, Oakwood conducts an online training module annually. This past June more than 100 health care professionals in the area attended an all-day training session on meeting and exceeding cultural competency standards.

Each department also conducts its own in-service trainings, and Ms. Stevens is responsible for training in the imaging department. "I focus on things like color, body language and hand gestures among different cultural groups. This year the radiographers requested more resources, including translated handouts." So staff put together what they call a

## And From Other Communities, We Learn

The Pacific Northwest has one of the largest communities of hearing-impaired and deaf people in the country. They have access to strong support groups and a large number of sign interpreters. But the interpreters are very busy, said Martine Pierre-Louis, manager of interpreter services and community house calls at Harborview Medical Center in Seattle. That can make it hard to get a sign language interpreter when you need one.



Linda Golley

One was needed urgently last June when a deaf man with chest pain was admitted to the University of Washington Medical Center in Seattle. Linda Golley, manager of interpreter services at the medical center, just happened to be testing a new deaf video remote interpreting system not far from the patient's room. No sign interpreter was available, and providers struggled to diagnose the patient's condition. "The patient was in a lot of pain and not thinking clearly," Ms. Golley said, "but when we got a remote interpreter involved, the physician got the information he needed. The use of sign language interpreters is not just a nice thing to have for patients. It's a matter of life and death."

This remote interpreting system is cutting-edge technology, said Ms. Golley, and one of several innovative cultural competency programs in place at the medical center.

"The Seattle area is starting to function as a touchstone for other communities. In fact, we recently had some people here from Japan looking at our programs."

### Harborview Medical Center

To enter the grand old entrance of Harborview Medical Center is to enter the halls of a miniature United Nations. As you head west down the long hallway toward a newer wing of the county hospital, you pass people who come from all corners of the world. Some may be patients, but many others fill a myriad of roles from the top floor administrative offices to the inner workings of the facility. A University of Washington teaching hospital, Harborview also is the only level I adult and pediatric trauma center and regional burn center in a four-state region.

Ms. Pierre-Louis said that Harborview employs 55 interpreters who speak 32 languages and serve patients who speak more than 82 languages and dialects, but even that does not always meet every patient's need for language assistance.

"Depending on the situation, we will use in-house interpreters, agency interpreters or telephonic interpreters."

At the heart of serving this diverse patient population are the caseworkers/cultural mediators, or CCMs, who are bicultural and bilingual. They are chosen and hired by the hospital with the help of key community members. It is a revolutionary program for delivering culturally competent care, staff said.

"The CCMs are the bridge from provider-to-patient and institution-to-community," said Bria Chakofsky-Lewy, R.N., nurse supervisor for community house calls



Bria Chakofsky-Lewy

and interpreter services. “They visit patients’ homes, often accompanied by a nurse, provider or pharmacist, and on occasion, a psychiatrist.” They also interpret and advocate for patients, do cultural mediation and coordinate certain aspects of patient care.

Their connections to the community also help facilitate focus groups that have been instrumental in creating and disseminating appropriate health information, said Christine Wilson Owens, a program coordinator in interpreter services. “The knowledge and perspective of these communities are important to developing educational pieces, and the CCMs help us coordinate formal and informal focus groups. This process creates some ownership, which in turn can influence behavior.”

Leon Reines, a medical interpreter, translator and educator who conducts cultural competency training with Ms. Chakofsky-Lewy, recently developed a tailored training for mental health workers and interpreters who work with them. He said the training arose from the lack of understanding among professionals who dealt with patients from other cultures.

“In some cultures, society frowns on people with mental health issues or behaviors that are not considered the norm,” said Mr. Reines, who also is an anthropologist. “But when you deal with as many different cultures as we do at Harborview it is difficult to define what is normal since different cultures have different definitions.”

## And at Park Nicollet ...

Head east to Minneapolis where Kate Kellett supervises interpreters wading through more than 100 spoken languages and 24,000 requests for their services. She works at Park Nicollet Health Services, an organization comprising two hospitals, 25 clinics, a foundation, a research institute and 7,500 employees.

“We serve a large immigrant and refugee population, especially Somali, Hmong and Latinos,” said Stephen Olson, manager of leadership development. “One of the first things we did when we started to address cultural competency was to develop a Web site for staff and providers. It has lots of information about the populations we serve and the impact of providing culturally competent care. We also included information and training about refugee health because there’s a big difference between the needs of a refugee and an immigrant.”

Immigrants choose to leave their countries, whereas refugees are forced out, but the definition is really a legal one. Were they forced out because there was no work and they couldn’t afford to feed their families or were they forced out because of civil war? Either way, refugees usually have health care issues related to circumstances of war, and the effects of political upheaval on their views of the world are profound.

What started out as an informal program five years ago has blossomed into a number of programs. This includes a class that discusses diversity as it relates to the organization’s work force and an extensive course on cultural competency that focuses on the top three patient communities. Health care providers also asked Ms. Kellett about the possibility of learning more about their patients’ languages. “So one of our Spanish-speaking interpreters got a grant from our foundation to teach a health-oriented, seven-week course on basic Spanish for providers and other staff.”

Mr. Olson and Ms. Kellett also are part of the Governor’s Council on Health Care Disparities, created to align efforts throughout Minnesota with federal Office of Minority Health guidelines. ◆



Stephen Olson

language survival notebook that has basic phrases like “hold your breath” and “lay on your back” translated into 17 languages.

Ms. Stevens said staff was so excited about that tool that they asked if they could learn some of those languages — enough words, for instance, to help a patient get through an x-ray exam. “We said yes, and now bilingual staff conduct in-service trainings that explain how to say these things in different languages.”

Christine Westphal, M.S.N., R.N., is a clinical nurse specialist for ethics and family support, as well as the leader of the Transcultural Strategic Task Force. Oakwood got permission from the University of Washington Medical Center to use that institution’s cultural profiles that provide information about particular populations, said Ms. Westphal. And Oakwood has its own translated handouts and brochures for patients. The documents were written so that they are easy for patients to understand.

Many resources cost very little money, Ms. Stevens said. Her institution has found that representatives in the community are more than willing to help locate and develop these resources.

“We need to educate R.T.s on the different cultures they serve and give them the tools they need, like the language survival notebook and translated explanations of exams,” said Ms. Stevens. She also said that hospitals need to pay attention to design issues when building new facilities. “You can’t expect an Arab woman to wear a gown in a coed waiting room or allow a male technologist to take her x-ray.”

“But,” she quickly added, “do you want to know what’s at the top of my Christmas wish list? It’s for ASRT to take the lead and develop a task force with people such as myself to come together and use each other as resources. It would be such a great resource for all of us.”

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Catherine Stevens  
on Volunteer  
Translators



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## One Training Tool You Can Implement Easily

A volunteer from the audience puts on a tie-dyed shirt and stands at the front of the room. Members of the audience write down their first impressions then ask him if their impressions were accurate. Next they ask him a series of questions, such as where were you born, what are your hobbies, what is the name of the last book you read and do you do any volunteer work. Afterward, the trainer asks the audience what they learned from asking questions and if the new information differed from their first impressions.

This is the opening exercise in the cultural competency curriculum developed by the Center for Health Professionals at the University of California, San Francisco.

"Toward Culturally Competent Care: A Toolbox for Teaching Communication Strategies" is organized into 11 sections with 32 exercises designed to teach health care professionals the skills they need to provide appropriate, high quality care to diverse populations.

The content is grounded in what the authors call "heart work," which is the process of identifying our own cultural biases and values, questioning them, and then using what we learned to look at the world from a different point of view. It is based on the premise that to become culturally competent, we need to look at ourselves first.

Each exercise lists the materials you will need, the type of activity, the purpose and learning objective, the exercise itself, and the approximate time it will take. The teaching methods, which focus on practical day-to-day encounters between clinicians and patients, incorporate lectures, case studies, critical incidents, simulations, videos, group discussions and overheads. Trainers can choose which methods best fit their setting and learning objectives, making the content very adaptable.

Some topics covered in "Toward Culturally Competent Care: A Toolbox for Teaching Communication Strategies" are:

- First impressions.
- The culture of medicine.
- Disease and illness:  
Understanding the patient's experience.
- Federal response to health disparities.
- Misunderstandings in cross-cultural communication.
- Working with a medical interpreter.

This comprehensive, interactive and affordable curriculum can be incorporated easily across disciplines in a busy health care setting, which is one of the things David Pole, M.P.H., deputy director of the Area Health Education Center Program Office at St. Louis University in Missouri, likes about it. "Not only does the curriculum provide concepts to teach, but it also gives many examples of problem-based learning activities that students in the health professions can work through. A single example doesn't work for everyone."

Mr. Pole has not had the curriculum very long, but has reviewed it and is in the process of deciding which pieces are best for the medical school curriculum as well as for different disciplines. The School of Public Health has the most developed curriculum, and physicians are being trained on cultural competency issues. He says his institution will use this curriculum to help expand training in the other health care disciplines such as nursing, social work, radiography and occupational therapy. "That way we have experts in multiple areas."

For more information about the curriculum, go to [www:futurehealth.ucsf.edu > cnetwork > resources > curricula > diversity.html](http://www.futurehealth.ucsf.edu/cnetwork/resources/curricula/diversity.html). ◆