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PROMOTING CULTURAL DIVERSITY IN HEALTH CARE THROUGH STORY TELLING: A TRAINER'S PERSPECTIVE

The following article was adapted from a poster presentation by CCCS president Zarita Araujo-Lane, LICSW, presented at the Sixth National Conference on Quality Health Care for Culturally Diverse Populations on September 21-24, 2008 in Minneapolis.

Patient-centered care is not limited to the exam room or to interactions between providers and patients. Rather, the path to cultural competency starts with well-developed organizational policies on employee diversity. When healthcare professionals and ancillary staff are made to feel both comfortable and safe in their work environments, their treatment of each other and of their patients will begin to change for the better.

THIS ARTICLE OUTLINES INNOVATIVE STRATEGIES FOR THE CREATION OF A DIVERSITY AND CULTURAL COMPETENCY TRAINING PROGRAM THAT DRAWS TOGETHER ALL OF HEALTHCARE'S "KEY PLAYERS", FROM MAINTENANCE AND KITCHEN STAFF TO RENOWNED PHYSICIANS.

This article outlines innovative strategies for the creation of a diversity and cultural competency training program that draws together all of healthcare's "key players", from maintenance and kitchen staff to renowned physicians. As a case study, we highlight a recent diversity training program at a Boston-area hospital that brought providers and administrators together with ancillary and non-clinical staff in a joint step forward towards the integration of a culturally competent model that acknowledges change and gives all staff members the basic tools necessary to enhance communication among each other and with patients and families, therefore improving customer relations across all departments and disciplines.

The article introduces a "cultural differential diagnosis" through story telling model (based on the trainers' observations and information shared by staff members) in which workshop participants explore culturally specific variations on how individuals relate to time, community and authority, and consider different approaches to promoting respect and building trust among each other and with patients and families.

Case Study: Diversity Training at a Boston-area Hospital

Program Summary - Cross Cultural Communication Systems, Inc. (CCCS) created a four-hour didactic, interactive workshop for the client's 450+ medical providers, staff members and administrators, featuring composite case studies of actual interactions among clinicians, support staff and patients.

CONTINUED ON PAGE 2

PROMOTING CULTURAL DIVERSITY IN HEALTH CARE THROUGH STORY TELLING: A TRAINER'S PERSPECTIVE

CONTINUED FROM PAGE 1

At the time, the client was struggling to deal with the challenge of serving a patient population representative of immigrant and refugee populations that over time experienced a pronounced shift from European to mainly Latin American, Asian, and African immigration. In this workshop, providers, staff members and administrators took a joint step forward towards the integration of a culturally competent model that acknowledges change and gives individual employees the basic tools to enhance communication among each other and with patients and families, therefore improving customer relations. Although the main focus of this training was to address cultural–linguistic challenges, the trainer also referred to other diversity issues such as socio-economic status, job rank, race, religion, gender, and sexual preference.

In these workshops, the trainer outlined an inclusive model for a "cultural differential diagnosis" in which the audience explored culturally specific variations on how individuals relate to time, community and authority, and considered different approaches to promoting respect and building trust among each other and with patients and families. Together, the audience took a look at immigration as a grieving process, not only for the recently arrived immigrant, but also for all staff.

Preparation – During the initial planning meetings, it was agreed that the trainer would need to be on-site to observe one or two full days of hospital activities and interactions among staff members and with patients. The trainer made separate appointments to meet in person with at least 15 key staff members representing departments such as housekeeping, reception, OR, speech pathology, speech therapy, physical therapy and administration. She also met with individual clinicians and staff members, and observed interactions among staff and with patients in different locations throughout the hospital, including various reception and common areas, as well as the lunchroom.

These observations, combined with stories shared with the trainer in person or via voicemail and email, became the raw material for a number of case studies that were used as critical thinking and skill building exercises during the trainings. The case studies were prepared in a very respectful manner and the confidentiality of the persons involved in each case was preserved in that the stories became unidentifiable.

Prior to the trainings, these case studies were submitted to the client for review. The intent of the review was to secure permission to share the stories with the general training audience and to insure that no ethical boundaries were crossed in the presentation of each case. In addition, the trainer met with hospital management to discuss her observations and findings and begin to point out potential conflicts that might arise during the training. The Diversity Team pledged support in terms of infrastructure so that an environment would be created in which team members would feel safe enough to share their experiences in a professional manner.

Workshop Development - CCCS expressed to the Diversity Team the inherent challenges of creating a sustainable and change-inducing four-hour curriculum. A Power Point presentation was designed to address four major areas in a four-hour time frame:

- What is culture? What is culture competency?
- Overview of "Team" vs. "Group" work
- Three cultural competency models applied to specific case studies
- Working with medical interpreters

CCCS had learned, through observation and discussion, about a general feeling of hurt and mistrust between the lower and higher ranks within departments and towards hospital administration. It was clear to the trainer, who has a family therapy background that the workshops needed to connect people at a very basic human level by first defining culture and establishing common ground. In each workshop, she moderated a discussion of the institutional culture and subcultures within each department and introduced the concept of professions leading to a personal culture for all staff, providers and patients.

The trainer applied a conflict resolution model when challenged by group members and she also assisted the group members (when in need of coaching) to apply critical thinking to a case study or when sharing their stories and opinions. At the beginning of each training, the instructor went over "Safe Rules" and asked for the participants' input. One of Safe Rules is that "no one speaks on behalf of anyone else" and this

CONTINUED ON PAGE 3

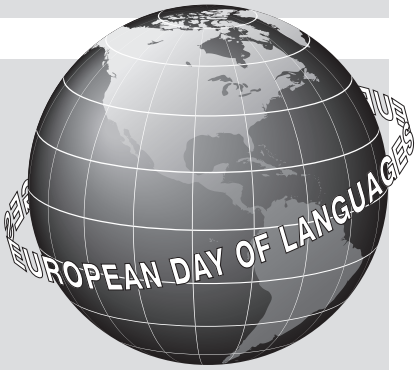
served as part of a strategy to break the "gossip" culture that was very present during her initial observations.

To help participants find common ground as human beings, each session was started with a name exercise in which they were invited to identify themselves by name and not by rank, degree, or profession. With that opening, CCCS created a safe environment for participants to work in small mixed groups to apply critical thinking to case studies.

The case studies were intentionally designed to illustrate how a staff member, provider, or patient might handle one situation properly, but not understand how to handle a similar situation in a different setting. The training was designed to be accessible to individuals representing different educational levels. Participants included a mix of non-English speaking housekeepers, healthcare and support staff and providers. The trainer highlighted that often, the issues were the same across professions, but each profession had its own system of dealing with these issues.

Over the course of the trainings, many participants expressed frustrations and fears previously hidden from to their colleagues. For example, a nurse from Africa was given a nickname by her colleagues on the floor where she worked. During the name exercise she asked that she be called by her original name, as it made her feel more connected and safe. At first, her coworkers laughed because her name was 'too hard' to pronounce. So the trainer took time and soon all were spelling and sounding out the nurse's name. Other staff from different ethnic and racial backgrounds identified with this newly arrived immigrant nurse because they also did not like it when they were called names other than their own.

Workshop Evaluation – The end result of the workshop series was immediately visible in the evaluations and in the personal observations shared by many attendees. For example, one supervisor had been resistant to the idea of attending the training. However, at the end of one four-hour session, he stood up and said to the group, "I didn't want to be here, but this is what I learned from the experience…" before commenting on his impressions of the participation of colleagues and employees.



LANGUAGE QUOTE OF THE MONTH

A different language is a different vision of life. ~Federico Fellini, Italian Film Director.

For more quotes on language and culture, see http://www.worldofquotes.com/topic/Language/2/index.html

A pre and post-test was developed to measure change and it was administered at the beginning and end of most workshop sessions. The test is divided into four main sections: #1- Personal values #2- General understanding of culture, #3- How to best communicate with others, #4- Working with interpreters.

Core concepts reinforced in pre- and post-testing included:

1. Be aware of personal values. At times, these determine your ability to be open to new knowledge or to integrate a skill.
2. You cannot change a person's belief system in a fifteen-minute session. However, you can change your own behaviors and reactions to those around you.
3. Understand your "triggers". Think proactively about your reactions in hypothetical situations and plan for a culturally competent approach to problem solving.
4. In any relationship where differences are noticed, start with the commonalities.
5. Connect around the other person's thinking by echoing it.
6. Learn to live with the fact that there are many sides (truths) to a story.
7. When working with LEP staff or patients, communicate through a trained interpreter.

Do you find that these principles benefit the active medical interpreter? Send your comments to vphillips_costa@cccsorg.com. Your feedback may be included in the December edition of The Communicator Express.

THE GREEN INTERPRETER – SAVING MONEY AND THE ENVIRONMENT

Each month, the Communicator Express publishes tips to help freelance interpreters remain financially successful in face of today's tough economic landscape. These might include ideas on "going green", saving money, and maximizing time.

Freelance medical interpreters often find themselves with openings in their workday. While some interpreters enjoy using this free time to shop, to run errands or to read, others are anxious to fill their scheduling gaps with work. The next time you have finished an assignment and are looking for more work, why not call CCCS? Simply inform the dispatcher of your window of availability and ask them if they have any cases for that timeslot in the area of your last assignment or on the way to your next assignment.

CCCS receives interpreter request forms all day, every day, so it is possible that the dispatcher may be able to offer you work that will fill your scheduling gap. By accepting assignments that are close in geographic location, you are sure to save time and money and to reduce your carbon emissions. While it is important not to overbook, the financially successful interpreter knows how to manage and maximize the 'downtime' in between assignments.

NOTES FROM NEW HAMPSHIRE

Notes from New Hampshire has been instituted as a regular feature of The Communicator Express. This column provides an excellent forum for interpreters, administrators and educators to voice their perspectives on the progress of language access legislation and practice in New Hampshire.

The following is a reprint of an article contributed to the Concord Monitor by Lynn M. Parker, Deputy Director of New Hampshire Legal Assistance. Reprinted with permission from Lynn M. Parker.

Hospital Settlement Good News for All of Us

Effective communication is fundamental to receiving and providing quality health care. Failure to effectively communicate leads to misdiagnosis, unnecessary and expensive testing, and possible harm or even death for a patient.

Concord Hospital recently reached a settlement with six deaf people who claim the hospital did not provide them with adequate communication aids and services. As a result, the hospital will improve communication access for deaf and hard-of-hearing people. This is good news.

The settlement requires improvements in communication access through qualified American Sign Language interpreters and assistive technology. A critical part of this plan is improving the knowledge and skill of hospital personnel to overcome communication barriers.

This settlement is not only an opportunity for Concord Hospital to improve communication for deaf or hard-of-hearing patients and families, but also an opportunity for all New Hampshire hospitals and health care providers to recognize the importance and necessity of overcoming communication barriers with any patient.

In New Hampshire and across the country, the number of people with limited English skills is growing. According to 2006 Census data for New Hampshire, 8 percent of residents age 5 and older spoke a language other than English. Of them, 31 percent reported that they did not speak English very well. They deserve equal medical treatment and the same level of communication access to health care as everyone else.

Communication barriers impede full understanding of diagnosis and compliance with treatment plans and therapies. Such barriers reduce the efficiency of health care delivery and increase costs.

Medical interpreters can help bridge this critical divide. Providing quality medical interpretation for everyone who faces language barriers, including spoken language, isn't just the right thing to do; it's the smart thing to do, and it's the law.

To help health care organizations meet this legal obligation, New Hampshire has a Medical Interpretation Strategic Plan (online at endowmentforhealth.org/_docs/69.pdf), developed by the state Medical Interpretation Advisory Board. The board will hold a statewide conference, "The $ and Sense of Culturally Effective Care: Access, Communication, and Commitment" on Oct. 31. For more information, go to healthynh.com/fhc/initiatives/access/miab.php.

ASK CCCS: WHAT SHOULD A FREELANCE INTERPRETER KNOW ABOUT REMINDER CALLS?

Several CCCS customers have requested that the interpreter make a reminder call to the client/patient 48 hours prior to the scheduled appointment. Check your Service Verification Form (SVF) under "Specific Requests" to determine if the assignment in question requires a reminder call. Interpreters are not paid extra for this service.

At times, the interpreter is unable to reach the client/patient on the first attempt. If you call and there is no answer, you are expected to try two more times. If you are unable to contact the patient through repeated attempts, you must leave a reminder message.

Telephone messages should be discrete. Do not state the name of the provider or the type of assignment on a client/patient's voice mail. If someone other than the client/patient offers to take a message, never share specific appointment information. Do not leave messages at a client/patient's place of employment unless requested by CCCS.

If the number provided is not in service, or a client/patient tells you they cancelled the appointment, inform CCCS immediately. Unless CCCS officially cancels the assignment, you are expected to keep the assignment and to arrive on time.

Interpreters are not allowed to contact patients unless requested by CCCS. Interpreters who maintain outside contact with clients/patients they met through a CCCS assignment will be immediately terminated. This also means not soliciting work from or hiring clients/patients.

CONGRATULATIONS TO CCCS **INTERPRETER OF THE MONTH** MARIA VIGORITO

CCCS is proud to sponsor the Interpreter of the Month award for exceptional service. Our November 2008 Interpreter of the Month is Maria Vigorito (Italian). Thank you, Maria, for your exceptional work!

CONGRATULATIONS TO CCCS INTERPRETER OF THE YEAR, LYNN NGUYEN

On October 11th, CCCS announced its pick for the first annual "CCCS Interpreter of the Year" award. This award went to Lynn Nguyen, Vietnamese interpreter and language coach. Lynn got her start in the field as a dispatcher, and later received medical interpreter training. For the past three years, Lynn has worked with CCCS as a freelance interpreter. Her strong commitment to equal language access for all LEP patients, her willingness to cover emergency assignments, and her trustworthiness and dependability make her a valuable asset to our team. Lynn is kind, patient and generous, but does not overstep her professional boundaries. She has invested in ongoing interpreter education and strives each and every day to improve her skills. Congratulations, Lynn, and keep up the great work!

The CCCS Interpreter of the Year gift basket included a TomTom GPS portable car navigation system, a pair of opera tickets, and everyone's favorite energy booster: candy! What will next year's basket contain? Strive for the CCCS Interpreter of the Year 2009 award and be the first to find out!

MEDICAL INTERPRETERS NEEDED FOR EMERGENCY ASSIGNMENTS

CCCS is actively recruiting interpreters willing to cover emergency assignments on evenings and weekends. If you currently work with CCCS and are able to handle emergency assignments, contact Gail Marinaccio, Interpreter Resource Coordinator, at gmarinaccio@cccsorg.com or by phone at 781-729-3736 x.106.

If you are not a CCCS interpreter and would like to join our team, contact Amanda Duross, Interpreter Resource Director, at aduross@cccsorg.com or by phone at 781-729-3736 x.120.

CCCS contracts interpreters of all languages. Currently, the greatest needs are for the Khmer, Vietnamese, Thai, Lao, Polish, Bosnian, Bengali, Punjabi, Hindi, Somali, Japanese, Korean, Amharic, Albanian, Russian, Mandarin, Cantonese, and Italian languages.

CCCS

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