

MODULE 4:

Effective Communication Skills

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K2. Recognize patients' spiritual and healing traditions and beliefs	Novice-Intermediate	81
S1. Elicit a cultural, social and medical history in the encounter interview in a non-shaming and non-judgmental manner	Novice-Intermediate	100
S2. Assess and enhance adherence, using general and cross-cultural patient/client communication models, health literacy tools, and other health professional assessment tools as appropriate in a non-shaming and non-judgmental manner	Intermediate	101
S3. Elicit patient's/client's full set of concerns and other appropriate information in a patient/client- or family-centered, nonjudgmental context at the outset of the encounter	Intermediate	117
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A1. Respect patients'/clients' cultural beliefs	Novice-Intermediate	132
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A4. Express a non-judgmental, non-shaming and respectful attitude toward individuals with limited literacy (or health literacy) skills	Advanced	134

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Key Concepts:

- Interaction of culture and health literacy in patient and provider communication
- Spiritual and healing traditions and beliefs
- Cultural, social and medical history-taking
- Universal precautions approach

¹ **Types of Learning Objectives/Competencies:** K: Knowledge; S: Skill; A: Attitude

² **Developmental Sequence:** Novice: Pre-clinical training; Intermediate: Supervised clinical interaction; Advanced: Clinical interaction with limited supervision

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Learning Objective K1:

Describe Cross-Cultural Communication, Cultural Competency and Health Literacy Models and the Potential Interactions Between Culture and Health Literacy in Patient/Client-Provider Communication
Novice

Web-based Curriculum and Training Modules:

Georgetown University, National Center for Cultural Competence. **Infusing Cultural and Linguistic Competence into Health Promotion Training – Video.**

Available at: <http://nccc.georgetown.edu/projects/sids/dvd/index.html>

90-minute web-based video addresses the following issues:

- Rationale for cultural and linguistic competence;
- Frameworks for achieving cultural and linguistic competence;
- Values, principles and practices of culturally and linguistically competent health promotion training;
- The Health Belief Model; and
- Principles and models for community engagement.

The video also includes training materials (PowerPoint slides and suggested group activities) for facilitating group discussions and training exercises.

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Novice

Web-based Curriculum and Training Modules:

Medical Library Association. **Health Information Literacy Curriculum**. 2008.
Available at: <http://www.mlanet.org/resources/healthlit/#1>

Curriculum is structured for training health professionals in recognizing the impact of health literacy on patient care and identifying strategies and resources to address it.

The curriculum includes the following components:

- PowerPoint presentation (20-minute and 40-minute versions)
- Detailed script and notes for curriculum presenters
- Background reading
- Tips for developing a learner toolkit
- Sample pre- and post-session evaluation forms

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Novice

Case Studies (Print and Video):

The Bravewell Collaborative. **Patient-Provider Relationship Training Videos**. 2009.

Available at: <http://videos.bravewell.org/>

A teaching manual (M. Lipkin and S. Stromer) and sample introductory PowerPoint lecture (M. Lipkin) accompany a series of 10 video segments (Middlemarch Films) on the following topics:

- Why do doctor-patient communications matter?
- Therapeutic nature of the medical encounter
- What we know about doctor-patient communications
- Can we teach doctor-patient communications?
- Is there a better way to teach doctor-patient communications?
- The issue of consensus
- Competencies for teaching about communications and healing
- Macy Initiative in Health Communication Core Competencies

The teaching manual provides suggestions on instructional format, group exercises and discussion questions, and lesson plans with teaching objectives. [Video length: 22 mins./segment (173 mins. total)]

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Novice

Self-Guided Learning Resources:

Eng L. **Advancing Quality Health Care for a Culturally Diverse Female Population: A Cultural Competency Education Initiative for Obstetrician-Gynecologists.** American College of Obstetricians and Gynecologists and the State University of New York at Albany, School of Public Health; 2005.

Available at: <http://www.albany.edu/sph/coned/acog.htm>

Purpose of web-based presentation and accompanying handout is to help learners:

- Effectively integrate cultural competency in an ob-gyn practice;
- Communicate more effectively with patients of diverse cultures;
- Work more effectively with trained interpreters.

Ward E. **The Journey to Cultural Competence.** Nursing Education and Technology (NEAT) Projects, Board of Regents of the University of Wisconsin System; 2008.

Available at: <http://tlcprojects.org/NEAT/CulturalCompetence.html>

Web-based interactive module discusses the importance of cultural competence in health care, and utilizes Campinha-Bacote's ASKED model to guide learners through development of a plan for improving one's own cultural competence.

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Clinical/Field Application Resources:

Daugherty K. **Improving Patient Safety Through Enhanced Provider Communication**. Denver Health and Hospital Authority and U.S. DHHS Agency for Healthcare Research and Quality.
Available at: <http://www.safecom.org>

Toolkit introduces communication tools designed to help clinicians and health care professionals implement effective teamwork and communication strategies in their practice settings to improve patient safety. The toolkit includes a framework for specific communication strategies, educational materials, and evaluation and analysis tools.
(Abstract adapted from HHS)

Health Industry Collaboration Effort, Inc. **Better Communication, Better Care: Provider Tools to Care for Diverse Populations**. 2010.
Available at: http://www.iceforhealth.org/library/documents/ICE_C&L_Provider_Toolkit_7.10.pdf

Toolkit provides adaptable resources to assist health providers in communicating across diverse patient/client populations and across language barriers.

Specific tools include communication tip sheets for providers and other clinical staff; tips for identifying and addressing low health literacy; a mnemonic for conducting patient interviews; language identification cards; staff language skill self-assessment tool; and a tip sheet for identifying and working with language interpreters.

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Recognize Patients'/Clients' Spiritual and Health Traditions and Beliefs
Novice-Intermediate

Web-based Curriculum and Training Modules:

American Medical Student Association (AMSA) Foundation. **Educational Development for Complementary & Alternative Medicine (EDCAM)**. 2002.

Available at: <http://www.amsa.org/AMSA/Homepage/About/Committees/EDCAM.aspx>

Collection of curriculum resource materials is organized into modules that focus on:

- Introduction to Evidence-Based Complementary and Alternative Medicine;
- Alternative Systems of Medical Thought;
- Clinical Interviewing;
- Mind-Body Medicines; and
- Biologically-Based and Manipulative Therapies

The materials were developed with funding from the NIH, National Center for Complementary and Alternative Medicine.

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Recognize Patients'/Clients' Spiritual and Health Traditions and Beliefs
Novice-Intermediate

Web-based Curriculum and Training Modules:

Consortium of Academic Health Centers for Integrative Medicine, Working Group on Education. **Curriculum in Integrative Medicine: A Guide for Medical Educators**. 2004.

Available at: http://www.ahc.umn.edu/cahcim/prod/groups/ahc/@pub/@ahc/documents/asset/ahc_58948.pdf

Curriculum identifies competencies in integrative medicine and provides modules on the following topics:

- Complementary and alternative medicine (CAM) overview
- CAM legal issues
- Interview skills and observed structured clinical examination
- Herbal medicine
- Spirituality
- Mind-body skills
- CAM and evidence-based medicine
- CAM and cross-cultural issues

Koenig HG. **How Can I Incorporate Spirituality into the Curriculum at My Medical School?** 2007. Templeton Press.

Available at: http://www.spirit-health.org/resources_detail.asp?q=46

Outline for integrating spirituality into existing health profession training curricula. The illustrated example is based on medical school curriculum but suggestions are provided for adapting the outline to training programs in other health disciplines. The outline includes structure and timing, form, and recommended content. The suggested curriculum content is based on the author's book: Koenig HG. *Spirituality in Patient Care: Why, How, When, and What*, 2nd ed. (Philadelphia: Templeton Foundation Press, 2007).

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Novice-Intermediate

Web-based Curriculum and Training Modules:

Murray J, et al. **Multidisciplinary Training Program for Spiritual Care in Palliative Care**. 2007. University of Queensland and Palliative Care Australia.

Available at: <http://www.palliativecare.org.au/Default.aspx?tabid=1743>

Web-based curriculum materials include a PowerPoint presentation, handouts, instructor's guide, and 14 video vignettes. Free registration is required to access the materials.

Sandor MK, Gerik SM, Marion R. **Spirituality and Clinical Care Course Syllabus**. 2010. University of Texas Medical Branch at Galveston.

Available at: http://inds.utmb.edu/Spirituality_and_Clinical_Care/default.asp

A syllabus, four case studies, and a bibliography were developed for a course targeting interdisciplinary health profession students.

Course objectives include:

- (1) Learning about evidence-based studies on the role of spirituality in patients' healthcare experiences;
- (2) Understanding positive and negative impacts that spirituality (and provider's attitudes toward diverse spiritual perspectives) may have on health and healing;
- (3) Taking a spiritual history and learning when it may be appropriate to consult religious advisors in patient care;
- (4) Understanding ethical issues that may arise; and
- (5) Learning models of empathetic communication with patients and families.

The course also includes a component on spiritual self-care.

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Novice-Intermediate

Web-based Curriculum and Training Modules:

University of Arizona, Center for Integrative Medicine. **Environmental Medicine: An Integrative Approach**. 2011.

Available at: http://integrativemedicine.arizona.edu/education/online_courses/enviro-med.html

Online course examines the need to consider the impact of environmental factors on health through the use of virtual patient cases, analysis of the strengths and weaknesses of environmental health research, and raising awareness of the environment-related vulnerabilities of certain populations. The free course offers continuing education credits for physicians, nurse practitioners, and physician assistants.

University of California, San Francisco (UCSF), Osher Center for Integrative Medicine. **Integrative Medicine Curriculum**.

Available at: <http://www.osher.ucsf.edu/education/medical.html>

Outline of the required integrative medicine curriculum and course objectives for UCSF medical students, as well as the elective curriculum open to learners from all of the health professional schools at UCSF.

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Web-based Curriculum and Training Modules:

University of Maryland, School of Medicine. **Spirituality and Palliative Care.** 2009.

Available at: <http://cancer-research.umaryland.edu/spirituality.htm>

Curriculum notes focus on the importance of spirituality and religion in end-of-life care.

Learning objectives include:

- (1) Understanding the relationship between religion and spirituality and their relationship to the healing process;
- (2) Incorporating spirituality into patient assessments and treatment plans;
- (3) Recognizing when symptoms and behaviors may reflect patients' spiritual pain; and
- (4) Incorporating spiritual advisors into the care team and referring patients for help with spiritual issues.

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Novice-Intermediate

Web-based Curriculum and Training Modules:

University of Minnesota, Center for Spirituality & Healing. **Healthcare Professional Series on Integrative Therapies.**

Available at: <http://www.csh.umn.edu/modules/index.html>

Set of modules address the following topics:

- Overview of Complementary Therapies
- Spirituality in Healthcare
- Culture, Faith Traditions, and Health
- Overview of Mind-Body Therapies
- Traditional Chinese Medicine
- Introduction to Botanical Medicine

There are also modules that address specific healing practices (i.e., aromatherapy, hypnosis, massage, reflexology). The modules include questions, games, simulations, audio and video clips, and links to additional resources.

University of Texas Medical Branch. **What is Integrative Medicine?**

Available at: <http://cim.utmb.edu/Education/WebCases.aspx>

Content features an overview of UTMB's longitudinal CAM curriculum and learning objectives, sample instructional materials including lectures and online case studies, and sample survey materials to assess the CAM education needs of learners.

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Web-based Curriculum and Training Modules:

Wayne E. Oates Institute. **Integrating Spirituality and Health: Self-Study Learning Module**. 2006.

Available at: http://oates.org/olc/0100/modules/spirituality_and_health-01-info.php

Module focuses on encouraging learners to:

- (1) Recognize the role of spirituality in health and healing;
- (2) Facilitate integrative care through interdisciplinary dialogue; and
- 3) Utilize specific methods for taking patients' spiritual history as part of a comprehensive health evaluation.

The module is presented by staff and faculty of the U.S. Department of Veterans Affairs, George Washington University Medical Center, Catholic Health Initiatives, and Hospice and Palliative Care of Louisville. Continuing education credits are approved by the National Board for Certified Counselors.

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Web-based Curriculum and Training Modules:

Wintz S, Cooper E. **Cultural and Spiritual Sensitivity: A Learning Module for Health Care Professionals**. 2009. Pastoral Care Leadership and Practice Group of HealthCare Chaplaincy, New York.

Available at: http://www.healthcarechaplancy.org/userimages/Cultural_Spiritual_Sensitivity_Learning_%20Module%207-10-09.pdf

Module includes self-assessment tools, a case study, post-test, competency validation form, and module evaluation form.

The module's learning objectives include the following:

- Describe various components of cultural and spiritual diversity;
- Understand one's own cultural and spiritual beliefs and their impact on the healthcare decision-making process;
- Demonstrate a culturally and spiritually sensitive approach to care delivery.

A companion document for the module is the "Dictionary of Patients' Spiritual and Cultural Values for Health Care Professionals" (a work in progress), available at: <http://www.healthcarechaplancy.org/userimages/doc/A-Dictionary-of-Patients'-Spiritual-Cultural-Values-for-Health-Care-Professionals.pdf>.

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Case Studies (Print and Video):

American Medical Association. **Use of Complementary and Alternative Treatment by Patients.**

Available at: <http://www.bigshouldersdubs.com/clients/AMA/19-ama-module.htm>

Video clip discusses different types and uses of complementary and alternative therapies and offers recommendations to help health professionals integrate practice strategies for better management of patients who use such therapies. The clip is part of AMA's video series titled "Educating Physicians on Controversies and Challenges in Health." [Video length: 10 min.]

Astrow A, Sulmasy D. **Spirituality, Religious Wisdom and the Care of the Patient: An Instructional DVD.** 2004. The Bioethics Institute of New York Medical College.

Available at: <http://www.nymc.edu/bioethics/spirit.asp>

Video lecture presentation discusses ways in which different religions have different perspectives on medicine and illness. The presentation also seeks to stimulate reflection among learners regarding self-care and their own responses to the demands of providing care to patients. [Video length: 33 min.]

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Case Studies (Print and Video):

Berry KF. **Case Study: Spirituality and the Cognitively Impaired.** Age in Action (Virginia Department of Aging), Winter 2005; 20(1):1-5.
Available at: <http://www.sahp.vcu.edu/vcoa/newsletter/ageaction/agewi05.pdf>

Case study is designed to help learners identify appropriate methods for addressing the spirituality concerns of older adults with cognitive impairment.

(The) Bravewell Collaborative. **The New Medicine Training Videos.** 2006.
Available at: http://www.bravewell.org/integrative_medicine/educational_resources/educational_training_clips/

Six 5-minute training clips (produced by Middlemarch Films for the 2006 PBS series "The New Medicine") address the role of the patient-provider relationship in integrative medicine.

Video clip titles:

- "Being Ill is a Transformative Experience"
- "A Patient's Sense of Abandonment"
- "Every Patient Comes to a Doctor for One Thing"
- "Listening to the Story is Critical"
- "Maeve's Story: One Patient's Experience with the Wrong Doctor"
- "Maeve's Story: The Resolution"

[Video length: six 5 min. clips]

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Case Studies (Print and Video):

Coward H, Sidhu T. **Bioethics for Clinicians: 19. Hinduism and Sikhism.** Canadian Medical Association Journal, October 2000; 163(9):1167-1170. Available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC80253/pdf/20001031s00021p1167.pdf>

An article within a series that emphasizes the diversity of cultural and religious traditions, values and ethical issues that health professionals may encounter and need to consider in clinical practice. Article includes two case studies that describe ethical approaches to communication and care for Hindu and Sikh patients.

Daar AS. **Bioethics for Clinicians: 21. Islamic Bioethics.** Canadian Medical Association Journal, January 2001; 164(1):60-63. Available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC80636/pdf/20010109s00027p60.pdf>

An article within a series that emphasizes the diversity of cultural and religious traditions, values and ethical issues that health professionals may encounter and need to consider in clinical practice. Article includes two case studies that focus on practical measures for providing care to Muslim patients and recognizing the diversity within the Islamic faith.

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Novice-Intermediate

Case Studies (Print and Video):

Ellman M, et al. **Module Two: Spiritual and Cultural Aspects of Palliative Care and the Interdisciplinary Team**. 2008. Yale University School of Medicine.

Available at: <http://medicine.yale.edu/palliative/online/index.aspx>

Interactive Web-based case study that provides opportunities for learners to reflect and write their thoughts and responses to the clinical case. Learners have the ability to print out their thoughts and reflections after completing the case study, creating an opportunity for a blended learning experience if the resource were accompanied by an in-person curriculum component. As the case study is intended to reflect an interdisciplinary care team approach, it would be well-suited for group discussion involving learners from across the health disciplines.

Goldsand G, Rosenberg ZRS, Gordon M. **Bioethics for Clinicians: 22. Jewish Bioethics**. Canadian Medical Association Journal, January 2001; 164 (2):219-222.

Available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC80686/pdf/20010123s00025p219.pdf>

An article within a series that emphasizes the diversity of cultural and religious traditions, values and ethical issues that health professionals may encounter and need to consider in clinical practice. Article includes a case study that addresses some ways in which the practice of Judaism may influence Jewish patients' health care decisions.

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Novice-Intermediate

Case Studies (Print and Video):

Lie D. **Is Religiosity or Spirituality Protective for Heart Disease?** 2010.
Medscape.

Available at: <http://www.medscape.org/viewarticle/723383>

Case study includes evidence-based commentary and a case response.

Lie D, Hart JA. **A 65-Year-Old Man with Metabolic Syndrome and Hypertension Who Won't Exercise—Would Tai Chi Help?** 2008.
Medscape.

Available at: <http://www.medscape.org/viewarticle/581755>

Case study includes a case resolution and explanation.

Pauls M, Hutchinson RC. **Bioethics for Clinicians: 28. Protestant Bioethics.**
Canadian Medical Association Journal, February 2002; 166(3):339-343.
Available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC99316/pdf/20020205s00020p339.pdf>

An article within a series that emphasizes the diversity of cultural and religious traditions, values and ethical issues that health professionals may encounter and need to consider in clinical practice. Article includes two case studies that highlight diversity of bioethical considerations among Protestant faiths despite many commonalities with mainstream bioethics.

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Novice-Intermediate

Case Studies (Print and Video):

Peterson-Iyer K. **Culturally Competent Care for Muslim Patients**. Santa Clara University, Markkula Center for Applied Ethics.
Available at: <http://www.scu.edu/ethics/practicing/focusareas/medical/culturally-competent-care/muslim-intro.html>

Website features two case studies that reflect common cultural and religious issues that may arise for Muslim immigrant patients in clinical settings. Each case is followed by commentaries from both Muslim and non-Muslim scholars or health professionals.

Rabow M. **Spirituality and Health—What Does the Medical Literature Say?** 2007. University of California San Francisco, Osher Lifelong Learning Institute.
Available at: <http://www.youtube.com/watch?v=A0ucsxP0vUk>

One-hour, video-based presentation on the role of spirituality in health, including discussion of spiritual assessment and spiritual interventions.

Rabow M. **Spirituality and Health Late in Life**. 2008. University of California San Francisco, Osher Lifelong Learning Institute.
Available at: <http://www.youtube.com/watch?v=kt1f5PHaofQ>

One-hour video lecture explores the patient-provider relationship and the impact of spirituality on the health of adults late in life.

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Novice-Intermediate

Case Studies (Print and Video):

Risk JL. **Spiritual Struggle: Identifying Persons at Spiritual Risk Has Positive Impact on Health Outcomes.** Healing Spirit (publication of the Association of Professional Chaplains), fall 2008.

Available at: <http://www.professionalchaplains.org/uploadedFiles/pdf/Spiritual%20Struggle%20Healing%20Spirit%20fall%202008.pdf>

Article presents two case studies as examples of patients who are at spiritual risk. Article also discusses some research on the impact of "spiritual struggle" on the healing process.

Sulmasy DP. **Evidence-Based Case Review: Addressing the Religious and Spiritual Needs of Dying Patients.** Western Journal of Medicine, October 2001; 175: 251-254.

Available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1071572/pdf/wjm17500251.pdf>

Article includes a case study for discussion of the role of health providers in regard to patients' spiritual and religious concerns. The article also discusses the evidence base regarding the effectiveness of spiritual and religious interventions for patients nearing the end of life.

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Case Studies (Print and Video):

U.S. Department of Health and Human Services, NIH/National Center for Complementary and Alternative Medicine. **Distinguished Lectures in the Science of Complementary and Alternative Medicine.**

Available at: <http://nccam.nih.gov/news/events/lectures/>

Archived lecture series on the evolution of CAM practice and research, and the use of CAM therapies by the public. [Video length: 2 sessions; approx. 1 hour, 15 min./session]

U.S. Department of Health and Human Services, NIH/National Center for Complementary and Alternative Medicine. **Integrative Medicine Research Lectures.**

Available at: <http://nccam.nih.gov/research/consultservice/past.htm>

Lecture series provides perspectives on the research and practice in the complementary and alternative medicine and integrative medicine disciplines. [Video length: 14 videos range from 44 min. to 1 hour, 28 min.]

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Novice-Intermediate

Self-Guided Learning Resources:

Georgetown University, National Center for Cultural Competence. **African American Faith-Based Bereavement Initiative: Curriculum.**
Available at: <http://nccc.georgetown.edu/AAFBBI/index.html>

Self-guided learning resource features eight modules that focus on the role of African-American faith communities in providing guidance, support, and healing to families that are coping with the death of an infant child. The resource includes knowledge quizzes, reflective questions, video clips, and supplemental resources and references.

Knight SJ, Kim JJ, Rodin M, Wirpsa J. **Religion, Spirituality, and End of Life Care.** 2004. San Francisco Department of Veterans Affairs Medical Center.
Available at: http://endoflife.northwestern.edu/religion_spirituality/how.cfm

Web-based tutorial addresses the following five topics:

- (1) How to assess spirituality;
- (2) Common needs and goals of spiritual care at the end of life;
- (3) Spiritual pain and suffering;
- (4) Basic skills and techniques in providing spiritual care; and
- (5) three case studies from the perspectives of Hinduism, Buddhism, and Judaism.

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Novice-Intermediate

Self-Guided Learning Resources:

Lukoff D. **DSM IV Religious & Spiritual Problem**. 2000. Spiritual Competency Resource Center.

Available at: http://www.spiritualcompetency.com/dsm4/course_dsmiv.asp

Online course addresses clinical approaches to working with patients/clients who are experiencing non-pathological issues of religious and spiritual distress. The course guide is available at: <http://www.spiritualcompetency.com/dsm4/dsmrsproblem.pdf>.

Georgetown University, National Center for Cultural Competence. **Body/Mind/Spirit: Toward a Biopsychosocial-Spiritual Model of Health**.

Available at: http://www11.georgetown.edu/research/gucchd/nccc/body_mind_spirit/index.html

Web-based tutorial emphasizes a holistic approach to health and illness, and the interrelationship of spirituality, religion, and the healing process. Other components of the tutorial focus on the spirituality of children; spiritual pain and distress; and assessment of spirituality and religion.

Puchalski CM. **Spiritual Assessment in Clinical Practice**. 2009. George Washington University Medical Center.

Available at: <http://www.gwumc.edu/gwish/ficacourse/out/main.html>

Multimedia tutorial on assessing patients' spiritual beliefs and practices and their potential impact on patients' response to illness. The tutorial includes video and case studies that provide guidance on the use of the FICA spiritual assessment tool, patient-provider communication, appropriate integration of patients' spiritual beliefs and practices into treatment plans, and responding to related challenges.

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Clinical/Field Application Resources:

Anandarajah G, Hight E. **Spirituality and Medical Practice: Using the HOPE Questions as a Practical Tool for Spirituality Assessment.** American Family Physician, January 2001; 63(1): 81-89.

Available at: <http://www.aafp.org/afp/2001/0101/p81.html>

Journal article provides a formal tool—the HOPE Questions—for incorporating patients' spiritual concerns into medical practice. The tool includes examples of questions for use in conducting a spirituality assessment.

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Learning Objective S1:

Elicit a Cultural, Social and Medical history in the Encounter
Interview in a Non-Shaming and Non-Judgmental Manner

Novice-Intermediate

Resources in development.

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Assess and Enhance Adherence, Using General and Cross-Cultural Patient/Client Communication Models, Health Literacy Tools, and Other Physician Assessment Tools as Appropriate in a Non-Shaming and Non-Judgmental Manner

Intermediate

Web-based Curriculum and Training Modules:

Shoemaker S, et al. **Advancing Pharmacy Health Literacy Practices Through Quality Improvement: Curricular Modules for Faculty.**

Prepared for U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality; 2011.

Available at: <http://www.ahrq.gov/qual/pharmlitqi/>

Resource is intended to help faculty integrate health literacy into courses, experiential education, and projects for pre-clinical and clinical learners. The modules can be used for lectures, seminars, laboratory classes, and experiential learning. Materials include 17 activity guides, 4 PowerPoint presentations, and a list of supplemental resources.

Module topics address the following four themes:

- Increasing Awareness of Health Literacy
- Improving Communication
- Assessing Health Literacy Practices
- Conducting Health Literacy Quality Improvement

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Intermediate

Case Studies (Print and Video):

American Medical Association. **Data on Race and Ethnicity: How and Why it Should Be Collected in Medical Practices.**

Available at: <http://www.bigshouldersdubs.com/clients/AMA/11-AMA-Ethnicity.htm>

Video clip discusses the challenges and benefits of race and ethnicity data collection for improving the quality of care. The clip is part of AMA's video series titled "Educating Physicians on Controversies and Challenges in Health." [Video length: 10 mins.]

Peters A, Caballero E, Ard JD. **Improving Adherence in Patients from Culturally Diverse Backgrounds with T2DM and Cardiovascular Disease.** 2011. Medscape.

Available at: <http://www.medscape.org/viewarticle/737058>

Web-based video and audio slide presentation (45-minutes) features five patients who briefly describe their challenges in communicating with health providers about diabetes management.

The learning objectives that are covered in the accompanying slide presentation are to:

- Identify patient, practitioners, and systems-level barriers to treatment adherence; and
- Describe practical strategies to improve adherence, patient education, and the provision of culturally competent patient-centered care.

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Intermediate

Self-Guided Learning Resources:

Baumann L, DePablo M. **Readability and Patient Education**. Nursing Education and Technology (NEAT) Projects, Board of Regents of the University of Wisconsin System.

Available at: http://tlcprojects.org/NEAT/Readability_final.html

Web-based tutorial uses interactive activities and examples of patient education brochures to address the following learning objectives:

- Identify design principles and writing tips for creating patient education materials;
- Determine and evaluate the readability of patient education materials.

Gurley D, Bonder B, et al. **Cultural Competence for Health Professionals in Geriatric Care**. Care Western Reserve University; 2004.

Available at: <http://www.nethealthinc.com/cultural/>

Series of seven learning modules discuss historical examples of discrimination and miscommunication, and address the following issues:

- Respectful care of patients/clients;
- Medical histories and physical examinations;
- Negotiating treatment and adherence; and
- Development of health care partnerships.

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Intermediate

Clinical/Field Application Resources:

American Medical Student Association (AMSA). **Integrative, Complementary, and Alternative Medicine for Providers of Primary Care.** 2007.

Available at: http://www.amsa.org/AMSA/Libraries/Committee_Docs/camhandbook.sflb.ashx

“Pocket Handbook” illustrates a decision tree on CAM modality selection and integration; defines integrative, complementary and alternative medical systems; defines specific CAM therapies; and provides a nutrient guide. The information contained in the nutrient guide will need to be updated to reflect current dietary recommendations.

Bravewell Collaborative. **Current Practices in Integrative Medicine: Example Intake and Assessment Forms.** 2007.

Available at: http://www.bravewell.org/content/Downloads/IntakeForms_CurrentPractices.pdf

Sample intake and assessment forms that are intended to incorporate the principles of integrative medicine.

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Intermediate

Clinical/Field Application Resources:

Ehman J. **M.E.D.S. – A Strategy for the Spiritual Support of Patients by Health Care Providers**. University of Pennsylvania Health System. 2010 (rev. 2011).

Available at: <http://www.uphs.upenn.edu/pastoral/resed/MEDS.pdf>

A mnemonic device that “focuses on the dynamics of meaning, emotion, distress and spirituality for patients.” The strategy is intended to be applicable across spiritual and religious diversity and can help practitioners to glean additional patient information that is relevant to the clinical encounter.

Ehman J. **Religious Diversity: Practical Points for Health Care Providers**. Hospital of the University of Pennsylvania & Penn Presbyterian Medical Center, Department of Pastoral Care. 2007 (rev. 2009).

Available at: http://www.uphs.upenn.edu/pastoral/resed/Diversity_Guide.pdf

Tip sheet provides some general practical points for health professionals to be mindful of when caring for patients who follow Buddhist, Catholic, Hindu, Jehovah’s Witness, Jewish, Muslim, or Pentecostal religious traditions.

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Intermediate

Clinical/Field Application Resources:

Ehman J. **References to *Spirituality, Religion, Beliefs, and Cultural Diversity* in JCAHO's 2011 Comprehensive Accreditation Manual for Home Care.** University of Pennsylvania Health System. 2011.

Available at: http://www.uphs.upenn.edu/pastoral/resed/JCAHO_Spirit_refs_2011_HOME_CARE.pdf

Quick reference of Joint Commission home care accreditation standards that pertain to issues of spirituality, religion, and cultural beliefs and diversity.

Ehman J. **References to *Spirituality, Religion, Beliefs, and Cultural Diversity* in JCAHO's 2011 Comprehensive Accreditation Manual for Hospitals.** University of Pennsylvania Health System. 2011.

Available at: <http://www.uphs.upenn.edu/pastoral/resed/JCAHOfrefs.pdf>

Quick reference of Joint Commission hospital accreditation standards that pertain to issues of spirituality, religion, and cultural beliefs and diversity.

Ehman J. **Spiritual Distress in Patients: A Guideline for Health Care Providers.** 1998 (rev. 2006). University of Pennsylvania Health System.

Available at: http://www.uphs.upenn.edu/pastoral/resed/spirit_assess_long.pdf

Chart lists possible indicators of spiritual distress that may impact a patient's care. The indicators are grouped with corresponding questions that a health professional could pose while seeking additional information relevant to the patient's health assessment.

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Intermediate

Clinical/Field Application Resources:

Health Research and Educational Trust. **A Toolkit for Collecting Race, Ethnicity, and Primary Language Information from Patients.** 2007. Available at: <http://www.hretdisparities.org/Staf-4190.php>

Toolkit contains general guidelines (including a “response matrix”) to use in a service delivery setting when collecting data on patients’/clients’ self-identified race, ethnicity, and primary language. The resource also provides tips on how to address patients’/clients’ concerns about data collection.

LaRocca-Pitts M. **A Spiritual History Tool: FACT.** 2007. Athens Regional Medical Center.

Available at: <http://www.professionalchaplains.org/uploadedFiles/pdf/FACT%20Spiritual%20History%20Larocca%20Pitts.pdf>

Tool describes how to use the FACT approach to taking a patient/client’s spiritual history and assessment. Samples questions and general guidelines are provided.

Spanish translation of the tool is available at: <http://www.professionalchaplains.org/uploadedFiles/pdf/FACT%20Spiritual%20History%20Spanish.pdf>

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Intermediate

Clinical/Field Application Resources:

Marie Curie Cancer Care. **Spiritual and Religious Care Competencies for Specialist Palliative Care**. 2010.

Available at: <http://www.mariecurie.org.uk/Documents/HEALTHCARE-PROFESSIONALS/spritual-religious-care-competencies.pdf>

An adaptable assessment tool to aid in evaluating health providers' competence in spiritual and religious care. The competencies included in the tool are endorsed by the Association of Hospice and Palliative Care Chaplains (United Kingdom).

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Intermediate

Clinical/Field Application Resources:

New York State Office of Mental Health and the Nathan Kline Institute for Psychiatric Research. **A Pastoral Education Workbook: Responding to the Mental Health Needs of Multicultural Faith Communities**. 2011.

Available at: <http://ssrdqst.rfmh.org/cecc/sites/ssrdqst.rfmh.org.cecc/UserFiles/mentalhealthworkbook101711A.pdf>

Workbook includes narrative vignettes and practical tools (“need to refer” questionnaire) to help religious leaders work with and refer members of their faith communities to behavioral health professionals. The workbook also includes questions regarding cultural, religious and spiritual concerns that religious leaders can be helpful in providing information about on behalf of their community members.

The accompanying guide (<http://ssrdqst.rfmh.org/cecc/sites/ssrdqst.rfmh.org.cecc/UserFiles/mentalhealthclergyguide101711A.pdf>) identifies and discusses four pathways that religious leaders might follow in their response to addressing behavioral health care needs in the faith community. The guide includes narrative vignettes for each of the four pathways. Brief facilitator notes for instructors are also provided.

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Intermediate

Clinical/Field Application Resources:

Pathways to Wellness Program and Harborview Medical Center (WA). **Toolkit for Primary Care Providers Treating Refugees**. 2011.

Available at: <http://ethnomed.org/clinical/refugee-health/toolkit-for-primary-care-providers-treating-refugees>

Toolkit includes information about medical assessments conducted as part of the refugee resettlement process and screening guidelines for newly arriving refugees. Although the toolkit is tailored for use in the Seattle, Washington area, it includes some guidelines on adapting it to other communities.

Puchalski CM. **FICA Spiritual History Tool**. 2009. George Washington Institute for Spirituality and Health.

Available at: <http://www.gwumc.edu/gwish/clinical/fica.cfm>

Tool is a guide for health professionals when taking an initial spiritual history and conducting follow-up spiritual assessments and conversations with patients/clients.

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Intermediate

Clinical/Field Application Resources:

Reeves M. **Spiritual Care and Emotional Support in Healthcare: Physician's Manual**. 2008. University of California San Diego, Medical Center.

Available at: <http://www.gwumc.edu/gwish/soerce/resources.cfm?ResourceID=A2F9F19B-5056-9D20-3D852182C301C5BC>

Manual may serve as an adaptable model for spiritual care of patients by health professionals in various disciplines and health settings. Topics addressed in the manual include the following:

- Patient-provider relationship in healthcare
- Aspects of spiritual care and emotional support in healthcare
- Identifying spiritual and emotional needs of patients and families
- Patient spiritual assessment policy and procedure
- When to call for a spiritual care provider
- Healthcare at the end of life
- Death, dying, and bereavement

The manual also includes examples of assessment questions that are associated with the FICA and HOPE approaches to spiritual assessment. A sample spiritual assessment form is provided. In addition, the manual provides tips on what to say and what not to ask or say when speaking to grieving patients and families.

Free registration is required to access the manual.

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Intermediate

Clinical/Field Application Resources:

Searight HR, Gafford J. **Cultural Diversity at the End of Life: Issues and Guidelines for Family Physicians**. American Family Physician, February 2005; 71(3):515-522.

Available at: <http://www.aafp.org/afp/2005/0201/p515.html>

Resource discusses several clinical recommendations related to communication with patients and families about end-of-life care issues. Includes very brief guidelines for conducting medical interviews through translators, and provides suggestions for culturally-sensitive interview questions on end-of-life topics and potential solutions for addressing issues that may arise during the interview.

University of Maryland Medical Center. **Medical Alternative Medicine Index**.

Available at: <http://www.umm.edu/altmed/>

Interactive Web guide allows the user to find complementary and alternative medicine information by treatment approach, condition/symptom, and herb or supplement name.

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Intermediate

Clinical/Field Application Resources:

University of Massachusetts Medical School. **Resources to Implement Cross-Cultural Clinical Practice Guidelines for Medicaid Practitioners: Physician Toolkit and Curriculum.** 2004.

Available at: <http://minorityhealth.hhs.gov/assets/pdf/checked/toolkit.pdf>

Toolkit introduces primary care practitioners to the fundamentals of cross-cultural practice.

Sections of the toolkit suggest practical steps and processes related to the following topic areas:

- Overview of Health Disparities
- Cultural Considerations in Health Care
- Clinical Assessment Processes
- Treatment Planning and Adherence
- Patient Communication and Education
- Clinical Decision-making
- Organizational Supports and System Tools

The toolkit's appendices include a sample cultural assessment tool, a summary mnemonic devices for patient medical interviews, and sample case studies of cultural competence quality improvement plans.

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Intermediate

Clinical/Field Application Resources:

University of Pennsylvania Health System. **Assessment for Spiritual Distress**. Penn Health Management – Program for Care at End of Life. 1999.

Available at: <http://www.uphs.upenn.edu/pastoral/resed/UPHS%20spiritual%20assessment.pdf>

Brief assessment instrument provides a short list of indicators and follow-up questions for practitioners to ask of patients who may be experiencing spiritual distress.

U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. **Simply Put: A Guide for Creating Easy-to-Understand Materials**. 2010.

Available at: http://www.cdc.gov/healthliteracy/pdf/Simply_Put.pdf

Guide addresses the following elements:

- Communication planning
- Clear messaging
- Text, visuals, and layout design
- Cultural considerations
- Translation
- Testing for readability

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Intermediate

Clinical/Field Application Resources:

U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services. **Toolkit for Making Written Material Clear and Effective**. 2010.

Available at: <http://www.cms.gov/Outreach-and-Education/Outreach/WrittenMaterialsToolkit/index.html?redirect=/writtenmaterialstoolkit/>

Toolkit aims to help its users develop printed health information materials that are easy for the intended audience to read and understand.

The toolkit addresses the following issues:

- Using a reader-centered approach
- Guideline for writing
- Guidelines for design
- Guidelines for translation
- Using readability formulas
- Writing and designing materials for the Web
- Material for senior audiences
- Collecting and using feedback from the reader audience

U.S. Department of Health and Human Services, Health Resources and Services Administration. **Clear Health Communication Checklist: Job Aid**.

Available at: http://pilot.train.hrsa.gov/uhc/pdf/module_02_job_aid_clear_health_comm_checklist.pdf

Tool to help practitioners ensure that written health education materials provided to patients/clients include essential content, clear organization, and appropriate language and writing style.

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Intermediate

Clinical/Field Application Resources:

U.S. Department of Health and Human Services, NIH/National Center for Complementary and Alternative Medicine. **“Time to Talk” Toolkit**. Available at: <http://nccam.nih.gov/timetotalk/forphysicians.htm>

Toolkit provides tips and educational materials to help health care providers and patients/clients openly discuss health care practices, including use of complementary and alternative medicine.

Weber T, Levin LK (eds.) **Medical Provider's Guide to Managing Care of Domestic Violence Patients within Cultural Context** (2nd edition). City of New York, Mayor's Office to Combat Domestic Violence. Available at: http://www.nyc.gov/html/ocdv/downloads/pdf/providers_dv_guide.pdf

Manual provides practical suggestions for optimizing communication and domestic violence screening for patients/clients from different cultures. Sample domestic violence screening tools are illustrated and efficient management of the screening process is discussed.

The manual also includes practical exercises regarding the care of diverse patients who disclose domestic violence.

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Intermediate

Case Studies (Print and Video):

Akinboboye O. **A Practical Guide to Improving Adherence in African American Patients Who Have Hypertension**. 2010. Medscape.
Available at: <http://www.medscape.org/viewarticle/728372>

Interactive case study includes questions to test learners' current knowledge, provides evidence-based information to enhance knowledge base, and offers a post-test activity.

American Medical Association Foundation. **Health Literacy and Patient Safety: Help Patients Understand**. 2007.

Available at: <http://www.ama-assn.org/ama/pub/about-ama/ama-foundation/our-programs/public-health/health-literacy-program/health-literacy-kit.page>

Video is part of the American Medical Association Foundation's Health Literacy Kit which includes two web-based videos and an accompanying manual (both videos and the manual are available at the link provided).

This particular video depicts physicians and office staff interacting with real patients who are challenged by limited health literacy.
[Video length: 23 min.]

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Intermediate

Case Studies (Print and Video):

American Medical Association Foundation. **Low Health Literacy: You Can't Tell by Looking.** 2001.

Available at: <http://www.ama-assn.org/ama/pub/about-ama/ama-foundation/our-programs/public-health/health-literacy-program/health-literacy-kit.page>

Video is part of the American Medical Association Foundation's Health Literacy Kit which includes two web-based videos and an accompanying manual (both videos and the manual are available at the link provided). This particular video suggests specific steps that physicians and office staff can take to help patients who have limited health literacy.

[Video length: 18 min.]

Bhatt DL, Paul-Pletzer K. **Partners in Care: Improving Disparities in Care and Fostering Adherence in Cardiovascular Patients.** 2012. Medscape.

Available at: <http://www.medscape.org/viewarticle/759198>

Interactive case study discusses economic and cultural barriers to adherence to cardiovascular medication, strategies to improve adherence, and use of evidence-based guidelines to reduce disparities in cardiovascular care of racial/ethnic minorities and women.

Case study includes questions to test learners' current knowledge, provides evidence-based information to enhance knowledge base, and offers a post-test activity.

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Intermediate

Case Studies (Print and Video):

Cohen MR, Olson BL, Pangilinan JM. **Drug Mix-Ups Threaten Patient Safety**. 2008. Medscape.

Available at: <http://www.medscape.org/viewarticle/573465>

Interactive case study includes a discussion about considerations of patient health literacy and cultural beliefs for effective promotion of medication adherence.

Case study features questions to test learners' current knowledge and provides evidence-based information to enhance knowledge base.

Dixon LB, Hamilton LA, Levy RA. **Improving Outcomes of Pharmacotherapy in Minority Patients with Psychosis**. 2009. Medscape.

Available at: <http://www.medscape.org/viewarticle/590170>

Interactive case study discusses racial, ethnic, and cultural considerations in diagnosis of psychosis, selection of drug therapy, and dosage and administration of drug therapy; the importance of non-pharmacologic factors in adherence to therapy; and suggestions for improving therapeutic adherence.

Case study includes video vignettes of patient encounters, features questions to test learners' current knowledge, and provides evidence-based information to enhance knowledge base.

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Intermediate

Case Studies (Print and Video):

Lie D. **Cases in Health Disparity: Colorectal Cancer Screening**. 2009. Medscape.

Available at: <http://www.medscape.org/viewarticle/587822>

Case study focuses on adherence to colorectal cancer screening and includes an evidence-based discussion and a commentary on the case.

Smiley DD. **Overcoming Nonadherence to Diabetes Treatment in Ethnic Minorities: A Case Presentation**. 2010. Medscape.

Available at: <http://www.medscape.org/viewarticle/732108>

Interactive case study includes questions to test learners' current knowledge, provides evidence-based information to enhance knowledge base, and offers a post-test activity.

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Intermediate

Case Studies (Print and Video):

Weiss BD. **Health Literacy and Patient Safety: Help Patients Understand—Manual for Clinicians**. 2009 (2nd edition). American Medical Association Foundation.

Available at: <http://www.ama-assn.org/ama/pub/about-ama/ama-foundation/our-programs/public-health/health-literacy-program/health-literacy-kit.page>

Manual is part of the American Medical Association Foundation's Health Literacy Kit which includes two web-based videos that accompany the manual (both the manual and the videos are available at the link provided).

The manual addresses the following learning objectives:

- Define the scope of the health literacy problem;
- Recognize health system barriers faced by patients with limited health literacy;
- Improve methods of verbal and written communication; and
- Implement practical strategies to create a shame-free health care environment.

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Intermediate

Self-Guided Learning Resources:

Kripalani S, Jacobson KL. **Strategies to Improve Communication Between Pharmacy Staff and Patients: Training Program for Pharmacy Staff.**

U.S. DHHS Agency for Healthcare Research and Quality and Robert Wood Johnson Foundation; 2007.

Available at: <http://www.ahrq.gov/qual/pharmlit/pharmtrain.htm>

The training program is designed to introduce pharmacists to the problem of low health literacy in patient populations and to identify the implications of this problem for the delivery of health care services. The program also explains techniques that pharmacy staff members can use to improve communication with patients who may have limited health literacy skills.

(Abstract from HHS)

Michigan Public Health Training Center. **Health Literacy and Immunizations: Working at the Local Public Health Level.** 2011.

Available at: https://practice.sph.umich.edu/mphtc/site.php?module=courses_one_online_course&id=434

Webcast learning objectives include the following:

- (1) Recognizing who is affected by health literacy;
- (2) Identifying consequences of limited health literacy; and
- (3) Applying lessons learned to improve immunization-related health literacy.

Continuing education credit is available.

(Abstract adapted from Michigan Public Health Training Center)

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Intermediate

Self-Guided Learning Resources:

Midwest Center for Life-Long-Learning in Public Health. **Culture and Health Literacy: Beyond Access.** University of Minnesota School of Public Health. Available at: <http://www.sph.umn.edu/details/course/7820/>

Web-based training (audio only) discusses how inequalities in the generation, manipulation, and dissemination of health information impacts the ability of diverse social and cultural communities to use and respond to such information.

Accompanying case studies that illustrate what communities can do to improve health literacy are available at: <http://www.sph.umn.edu/details/course/7821/>.

Continuing education credit is available.

South Central Public Health Partnership. **The Role of Health Literacy in Disaster Preparedness.**

Available at: http://moodle01.southcentralpartnership.org/scphp/mycourse_desc.php?id=89

Web-based course discusses models and practical strategies for effective risk communication during emergency situations.

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Intermediate

Clinical/Field Application Resources:

National Patient Safety Foundation, Partnership for Clear Health Communication. **Words to Watch—Fact Sheet**. Ask Me 3: Good Questions for Your Good Health.

Available at: http://www.npsf.org/wp-content/uploads/2011/12/AskMe3_WordsToWatch_English.pdf

Charts provide examples of plain language word alternatives for four types of words that patients may commonly misunderstand within a healthcare context: medical words, concept words, category words, and value judgment words. A Spanish language version is available at: http://www.npsf.org/wp-content/uploads/2011/12/AskMe3_WordsToWatch_Spanish.pdf

U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality. **Health Literacy Measurement Tools**. 2009.

Available at: <http://www.ahrq.gov/populations/sahlsatool.htm>

A link to two quick tests in Spanish and English that help give health providers an idea of an individual's capacity to obtain, process, and understand basic health information and services in order to make appropriate health decisions. The two tests are the Rapid Estimate of Adult Literacy in Medicine—Short Form (REALM-SF) and the Short Assessment of Health Literacy for Spanish [Speaking] Adults (SAHLSA-50). The aspect of health literacy measured by each test is a patient/client's reading comprehension in a medical context. Both tests have been validated.

(Abstract adapted from HHS)

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Use Negotiating and Problem-Solving Skills in Conjunction With General and Cross-Cultural Patient/Client Communication Skills to Negotiate A Mutual Agenda With Patient at Outset of Encounter

Intermediate

Web-based Curriculum and Training Modules:

Brown D, et al. **Cultural Competency Observational Tool**. 2012.

Available at: <http://www.fmdrl.org/index.cfm?event=c.beginBrowseD&clearSelections=1&criteria=culturalcompetence#3937>

Observational assessment tool provides a rubric that can be used by instructors to measure learners' skill level pertaining to elements of patient-centered communication.

Specific elements that are measured are:

- Greeting and connecting with the patient;
- Establishing the focus or reasons for the visit;
- Seeking to understand the patient's explanatory model;
- Sharing information;
- Negotiating agreement;
- Providing closure to the visit;
- Language appropriateness;
- Non-verbal behavior promoting comfort;
- Sensitivity to cultural context of patient's health issues; and
- Professional regard.

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Use Negotiating and Problem-Solving Skills in Conjunction With General and Cross-Cultural Patient/Client Communication Skills to Negotiate A Mutual Agenda With Patient at Outset of Encounter

Intermediate

Web-based Curriculum and Training Modules:

Lim RF, Koike AK, Gellerman DM, Seritan AL, Servis ME, Lu FG. **A Four-Year Model Curriculum on Culture, Gender, LGBT, Religion, and Spirituality for General Psychiatry Residency Training Programs in the U.S.** 2010.

Submitted to the American Association of Directors of Psychiatric Residency Training (AADPRT).

Available at: <http://www.psych.org/Share/OMNA/Minority-Council/Cultural-Competence-Curriculum.aspx?FT=.pdf>

Curriculum focuses on sociocultural issues that lie within the broad topic areas of patient care, medical knowledge, interpersonal and communication skills, professionalism, and systems-based care.

The goals of the curriculum are as follows:

- Understand the impact of culture on assessment/formulation, diagnosis, and treatment of mental disorders.
- Improve treatment outcomes of all patients by bridging the patient's worldview and the clinician's treatment plan.
- Reduce mental health disparities through specific skills and knowledge to effectively treat all under-served groups.

The curriculum outlines specific knowledge, skill, and attitude learning objectives that pertain to the three goals, along with suggested year of residency training. In addition, various instructional methods and examples are discussed.

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Effective Communication Skills

Learning Objective S4:

Use Negotiating and Problem-Solving Skills in Conjunction With General and Cross-Cultural Patient/Client Communication Skills to Negotiate A Mutual Agenda With Patient at Outset of Encounter

Intermediate

Case Studies (Print and Video):

Center for International Rehabilitation Research Information and Exchange (CIRRIE). **Interprofessional Simulation Cases for Cultural Competence.** State University of New York, University at Buffalo.

Available at: <http://cirrie.buffalo.edu/culture/simulations/>

Resource provides six client scenarios with guidance on how to construct simulated client encounters around each scenario using either manikins or standardized patients. The scenario topics focus on the rehabilitation care experiences of foreign-born patients/clients, with an emphasis on issues related to cross-cultural communication, and cultural influences on health care and treatment adherence.

Each case scenario includes recommended performance measures; a brief description of the scenario for learners; imbedded challenges; skills, tasks and procedures; roles and staging; patient information; suggested progression of events; and an outline for the debriefing discussion.

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Learning Objective S4:

Use Negotiating and Problem-Solving Skills in Conjunction With General and Cross-Cultural Patient/Client Communication Skills to Negotiate A Mutual Agenda With Patient at Outset of Encounter

Intermediate

Self-Guided Learning Resources:

Institute for Healthcare Improvement. **Patient- and Family-Centered Care 101: Dignity and Respect**. 2011.

Available at: <http://app.ihi.org/lms/coursedetailview.aspx?CourseGUID=8eb52137-21d7-4b30-afcd-fd781de6d6d5&CatalogGUID=6cb1c614-884b-43ef-9abd-d90849f183d4>

Online course defines patient- and family-centered care and describes specific skills for treating patients and families with dignity and respect, ensuring privacy and confidentiality, and respecting patients' and families' cultures, languages, and belief systems. Continuing education credits are available for multiple disciplines.

Van Schaik E, Roat CE. **Culture and End of Life Care: Collaborating with Interdisciplinary Partners**. 2010. Talaria, Inc.

Available at: http://www.vlh.com/shared/courses/course_info.cfm?courseno=113

Web-based interactive course focuses on strategies for working with an interpreter, assessing patients' spiritual needs, negotiating with patients and incorporating their perspectives into a treatment plan, collaborating with providers of complementary and alternative medicine, and resolving interdisciplinary conflict. Continuing education credit is available.

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Learning Objective S4:

Use Negotiating and Problem-Solving Skills in Conjunction With General and Cross-Cultural Patient/Client Communication Skills to Negotiate A Mutual Agenda With Patient at Outset of Encounter

Intermediate

Self-Guided Learning Resources:

Van Schaik E. **Culture and End of Life Care: Conversations with Patients and Families**. 2010. Talaria, Inc.

Available at: http://www.vlh.com/shared/courses/course_info.cfm?courseno=114

Web-based interactive course focuses on addressing patients' issues and questions regarding end-of-life care, resolving related ethical issues, and negotiating treatment plans for patients who seek to incorporate complementary and alternative medicine into their treatment regimens. Continuing education credit is available.

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MODULE 4:

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Learning Objective S5:

Practice a “Universal Precautions” Approach With All Patients/Clients
Advanced

Web-based Curriculum and Training Modules:

Stanford University School of Medicine, Stanford Geriatric Education Center.

Improving Communication with Elders of Different Cultures.

Available at: <http://sgec.stanford.edu/training/cultures.html>

Brief module uses three patient scenarios for the learner to identify the most culturally sensitive response to a particular situation, with additional information provided in response to each answer choice.

The module addresses the following learning objectives:

- 1) Recognize barriers to communication;
- 2) List culturally acceptable approaches to elicit information from an older person of any ethnic background;
- 3) Describe a culturally sensitive approach to interviewing that promotes shared decision-making and mutual respect between the ethnic older person and the health care provider;
- 4) Identify significant cultural and historical experiences of minority older adults; and
- 5) Explain the effects of these experiences on the older person's help-seeking behavior.

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MODULE 4:

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Learning Objective S5:

**Practice a “Universal Precautions” Approach With All Patients/Clients
Advanced**

Self-Guided Learning Resources:

Van Schaik E. **Culture and End of Life Care: Patients’ Beliefs and Values.**

2010. Talaria, Inc.

Available at: http://www.vlh.com/shared/courses/course_info.cfm?courseno=112

Web-based interactive course focuses on using the L.E.A.R.N. mnemonic as an approach to addressing patients’ culturally- and spiritually-based goals and preferences related to end-of-life care.

Continuing education credit is available.

Clinical/Field Application Resources:

U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality. **Health Literacy Universal Precautions Toolkit;** 2010.

Available at: <http://www.ahrq.gov/qual/literacy/>

Toolkit offers adult and pediatric healthcare practices a way to assess their services for health literacy considerations and raise awareness of staff about the issue. The toolkit provides an implementation guide for removing literacy-related barriers in the healthcare practice and ensuring that all providers and staff are demonstrating clear communication practices with patients/clients.

(Abstract adapted from HHS)

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MODULE 4:

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Learning Objective A1:

Respect Patients'/Clients' Cultural Beliefs

Novice-Intermediate

Resources in development.

Learning Objective A2:

Listen Non-Judgmentally to Health Beliefs

Novice-Intermediate

Resources in development.

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MODULE 4:

Effective Communication Skills

Learning Objective A3:

Express the Attitude that Effective Communication Is Essential to the Delivery of Safe, High-Quality Health Care

Advanced

Clinical/Field Application Resources:

University of Illinois at Urbana-Champaign, Early Childhood Research Institute on Culturally and Linguistically Appropriate Services. **CLAS Review Guidelines.**

Available at: <http://www.clas.uiuc.edu/review/index.html>

Series of web-based brochures that feature guidelines to help practitioners select culturally and linguistically appropriate educational materials to address the needs of families with children in the early childhood stage or children with special needs.

Some of the topic areas include:

- Hearing impairment;
- Visual impairment;
- Motor development;
- Translation;
- Family information gathering; and
- Family support network.

U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. **Health Communication Activities: Quick Guide to Health Literacy.**

Available at: <http://www.health.gov/communication/literacy/quickguide/>

Web-based guide briefly discusses strategies to address the following concerns pertaining to health literacy:

- Improve the usability of health information;
- Improve the usability of health services;
- Build knowledge (of practitioners and consumers) to improve health decision-making; and
- Advocate for health literacy within the health organization.

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Learning Objective A4:

**Express a Non-Judgmental, Non-Shaming and Respectful attitude
Toward Individuals With Limited Literacy (or Health Literacy) Skills**
Advanced

Resources in development.

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