Leadership Education for Aspiring Physicians (LEAP)
Welcome!
Understanding Differences
Warm-up: Making Connections
Define:
Culture
Cultural Awareness
Cultural Competence
Quick Check-in
Questions Regarding Differences

• What is a stereotype? What is a bias? How are the two different?
• What is the difference between prejudice and discrimination?
• What is race? How might that be different than ethnicity?
• What is religion? What is the difference between values and beliefs?
• What is the difference between diversity and multiculturalism?
• What is privilege?
• What is social justice?
Key Words

Do these definitions match the way you generally think about the words?

Are any of the definitions missing something that you feel should be added?

Are there missing key words that we should include, or that we should explore?
Activity: Social Groups Membership
Session Agenda

Understanding Differences and Cultural Preferences

- Warm-up – “Making Connections”
- Small Groups - defining culture, defining diversity
- Key words
- Social Group Membership Profile
- Privilege Exercise
- Session debrief and reflection
Social Group Membership

• How did it feel to answer these questions?
• What did you think about as you completed the worksheet?
• Are there cultural groups that you belong to that weren’t included on this sheet?
• How did you respond to the statements at the end of the sheet?
Oakland Schools Adopt ‘Black English’ Policy

Follow link for details regarding cultural differences

The Readings
Questions Regarding Differences

- What is a stereotype? What is a bias? How are the two different?
- What is the difference between prejudice and discrimination?
- What is race? How might that be different than ethnicity?
- What is religion? What is the difference between values and beliefs?
- What is the difference between diversity and multiculturalism?
- What is privilege?
- What is social justice?
Internalized Oppression

• Is complex
• Negates one’s self-esteem
• Does not preclude one from discriminatory behavior
• Can lead to discounting one’s own difference and taking on characteristics of majority privileged group
• Can skew one’s view toward dominant group characteristics as ‘good’ and own group as ‘bad’
Internalized Oppression

• Can lead to approval–seeking behavior putting dominant group on a pedestal while discounting approval from one’s own group
• Occurs when a person from an oppressed group gains a degree of power in a system then treats others like themselves harshly, even more so that the oppressive system itself.
• Instills a desire to be seen by the dominant group as different from or better than members of one’s own group
• Can occur when one behaves according to extreme stereotypes.
Internalized Oppression

What It’s Like To Be “The Only...”

• Isolated
• Interrupted
• Ignored [e.g. “When I make a suggestion, nobody seems to hear it until the same idea is restated or repeated by.......”]
• Spotlighted [Treated with unusual and sometimes intense scrutiny, challenge, or focus]
• Singled out to answer ‘group’ questions [“How do you people think/feel/respond....?” “It’s your responsibility to tell me....”]
• Treated as fragile [and thus not challenged like others in the group] • Challenged for “hanging out” with each other... [unlike the majority representation of people who are not similarly challenged for “hanging out” with other people like...}
The Paradox of Differences

Differences alone do not cause problems among people. Our levels of response to those differences is the primary cause of our difficulties.

We must value our own differences before we can understand and appreciate our similarities and connections.
The Paradox of Differences

The Paradox of Differences is an “awareness” model that assumes that each person has varied levels of response to “different differences.” It shifts the focus of diversity from a simple EEO concept of merely counting certain minorities in the workforce to a more inclusive concept of inherent human differences such as gender, race, age, physical and mental challenges, personality profiles, learning styles, and sexual orientation; as well as cultural and economic background, ethnicity, and religious/spiritual beliefs.
The Paradox of Differences – Response to differences

Level 1: Annihilating
Level 2: Ignoring
Level 3: Intolerance
Level 4: Tolerance
Level 5: Acceptance
Level 6: Understanding
Level 7: Valuing
Individual Activity:
The few, the privileged
Privilege Exercise

Some members of society enjoy certain advantages due to their membership in certain cultural groups without regard to whether or not they deserve them.

• How did this activity make you feel?

• What are some privileges you may have but are not always aware of?

• What are some privileges that you see in others that you may not have?

• Is there any connection between this activity and the cultural groups you belong to?
The Spirit Catches You and You Fall Down

- When three-month-old Lia Lee arrived at the county hospital emergency room in Merced, California, a chain of events was set in motion from which neither she nor her parents nor her doctors would ever recover. Lia's parents, Foua and Nao Kao, were part of a large Hmong community in Merced, refugees from the CIA-run "Quiet War" in Laos.

- The Hmong, traditionally a close-knit and fiercely people, have been less amenable to assimilation than most immigrants, adhering steadfastly to the rituals and beliefs of their ancestors. Lia's pediatricians, Neil Ernst and his wife, Peggy Philip, cleaved just as strongly to another tradition: that of Western medicine.

- When Lia Lee entered the American medical system, diagnosed as an epileptic, her story became a tragic case history of cultural miscommunication. Parents and doctors both wanted the best for Lia, but their ideas about the causes of her illness and its treatment could hardly have been more different. The Hmong see illness and healing as spiritual matters linked to virtually everything in the universe, while medical community marks a division between body and soul, and concerns itself almost exclusively with the former. Lia's doctors ascribed her seizures to the misfiring of her cerebral neurons; her parents called her illness, qaug dab peg—"the spirit catches you and you fall down"—and ascribed it to the wandering of her soul. The doctors prescribed anticonvulsants; her parents preferred animal sacrifices.
The Spirit Catches You and You Fall Down

- My college roommate Shaye Moore, who is now on the board of the Integrative Medical Alliance, recommended Fadiman's book to me. I'm finding it a rich resource in a variety of arenas explored elsewhere on Serendip: the juxtaposition of physical and spiritual explanations of phenomena, questions about the relationship of neurobiology and behavior, matters of physical and mental health and the acknowledgement of the "dignity of difference."

- The setting is a California hospital; Dan is an American doctor, Foua and Nao Kao the parents of a child, and refugees from Laos. Dan had no way of knowing that Foua and Nao Kao had already diagnosed their daughter's problem as the illness where the spirit catches you and you fall down. Foua and Nao Kao had no way of knowing that Dan had diagnosed it as epilepsy, the most common of all neurological disorders. Each had accurately noted the same symptoms, but Dan would have been surprised to hear that they were caused by soul loss, and Lia's parents would have been surprised to hear that they were caused by an electrochemical storm inside their daughter's head that had been stirred up by the misfiring of aberrant brain cells. Dan had learned in medical school that epilepsy is a sporadic malfunction of the brain. During an epileptic episode, instead of following their usual orderly protocol, the damaged cells in the cerebral cortex transmit neural impulses simultaneously and chaotically.

- The Hmong are not the only people who might have good reason to feel ambivalent about suppressing the symptoms. The Greeks called epilepsy "the sacred disease." Dan Murphy's diagnosis added Lia Lee to a distinguished line of epileptics that has included Soren Kierkegaard, Vincent van Gogh, Gustave Flaubert, Lewis Carroll, and Fyodor Dostoyevsky, all of whom, like many Hmong shamans, experienced powerful senses of grandeur and spiritual passion during their seizures, and powerful creative urges in their wake. As Dostoyevsky's Prince Myskin asked, "What if it is a disease? What does it matter that it is an abnormal tension, if the result, if the moment of sensation, remembered and analyzed in a state of health, turns out to be harmony and beauty brought to their highest point of perfection, and gives a feeling, undivined and undreamt of till then, of completeness, proportion, reconciliation, and an escstatic and prayerful fusion in the highest synthesis of life?"

- Dan's...view of medicine in general, and of epilepsy in particular, was, like that of his colleagues...essentially rationalist. Hippocrates' skeptical commentary on the nature of epilepsy, made around 400 B.C., pretty much sums up Dan's own frame of reference: "It seems to me that the disease is no more divine than any other. It has a natural cause just as other diseases have. Men think it is divine merely because they don't understand it. But if they called everything divine which they do not understand, why, there would be no end of divine things." (28-30)
The Spirit Catches You and You Fall Down

In her book, *The Spirit Catches You and You Fall Down*, Anne Fadiman tells the story of Lia, a child with epileptic seizures. She describes how a Hmong family and professionals in the U.S. health care system interact and the cultural conflicts that exist between them. The excerpt below is a conversation that was constructed by Fadiman as an example of what Lia’s family might have said if they had had a good interpreter and felt comfortable enough to be truthful, using Kleinman’s eight questions. Read the excerpt and answer the questions that follow.
The Spirit Catches You and You Fall Down

What do you call the problem?
Quag dab peg. That means the spirit catches you and you fall down.

What do you think caused the problem?
Soul loss.

Why do you think it started when it did?
Lia’s sister, Yer, slammed the door, and Lia’s soul was frightened out of her body.

What do you think the sickness does? How does it work?
It makes Lia shake and fall down. It works because a spirit called a dab is catching her.

How severe is the sickness? Will it have a short or long course?

Why are you asking us those questions? If you are a good doctor, you should know the answers yourself.

What kind of treatment do you think the patient should receive? What are the most important results you hope she receives from this treatment?
You should give Lia medicine to take for a week but no longer. After she is well, she should stop taking the medicine. You should not treat her by taking her blood or the fluid from her backbone. Lia should also be treated at home with our Hmong medicines and by sacrificing pigs and chickens. We hope Lia will be healthy, but we are not sure we want her to stop shaking forever because it makes her noble in our culture, and when she grows up, she might become a shaman.

What are the chief problems the sickness has caused?
It has made us sad to see Lia hurt, and it has made us angry at Yer.

What do you fear most about the sickness?
That Lia’s soul will never return.

The Spirit Catches You and You Fall Down

How do you think most health professionals with a biomedical background would react to Lia and her family?

What Hmong beliefs and traditions are evident in Lia’s family’s responses?

How are the Lee family’s cultural values and beliefs different from yours?

If you were the health professional talking to this family member, how would you feel about the patient and her family?

What else would you want to find out about her family, their culture, and their adjustment to the U.S. that would be important to know?
Health and Culture
Health and Culture

Three main explanations for illness across cultures:
• Biomedical
• Supernatural
• Holistic

Vote on each and decide which is the most accurate explanation for illness
Health and Culture
Statements

a. ___ I’m ill because I haven’t shown enough respect for my elders.
b. ___ My baby is ill because someone gave him the “evil eye.”
c. ___ My mother is ill because she eats too many hot foods. The balance between hot and cold in her body is upset.
d. ___ I’m ill because I have a bacterial infection.
e. ___ I’m ill because this genetic disorder runs in my family.
f. ___ My daughter is ill because this is God’s plan for her.
g. ___ My son is ill because someone cast an evil spell on him.
h. ___ I’m ill because the “yin” in my body is too strong. My emotional state is not in balance.
i. ___ I’m ill because a magical foreign object has entered my body and made me sick.
j. ___ My father is ill because someone has stolen his soul.

Read the various explanations for illness below, which are different from a biomedical approach to health. Which explanations are most common in your culture? Write your own definition or explanation for illness.
Health and Culture
Explanation for Illness

• Explanations for illness:
  • Fatalism
  • Upset in body balance
  • Punishment for wrongdoing
  • Ayurveda
  • Yin/Yang
  • Animism
  • Spirit possession
  • Naturalistic theories

Cultural Considerations
Cross-Cultural Sensitivity Assessment

1. I speak only one language.
2. The way other people express themselves is very interesting to me.
3. I enjoy being with people from other cultures.
4. Foreign influence in our country threatens our national identity.
5. Others’ feelings rarely influence decisions I make.
6. I cannot eat with chopsticks.
7. I avoid people who are different from me.
8. It is better that people from other cultures avoid one another.
Cross-Cultural Sensitivity Assessment

9. Culturally mixed marriages are wrong.
10. I think people are basically alike.
11. I have never lived outside my own culture for any great length of time.
12. I have foreigners over to my home on a regular basis.
13. It makes me nervous to talk about people who are different than me.
14. I enjoy studying about people from other cultures.
15. People from other cultures do things differently because they do not know any other way.
16. There is usually more than one good way to get things done.
Cross-Cultural Sensitivity Assessment

17. I listen to music from another culture on a regular basis.
18. I decorate my home or room with artifacts from other countries.
19. I feel uncomfortable when in a crowd of people.
20. The very existence of humanity depends upon our knowledge about other people.
21. Residential neighborhoods should be culturally separated.
22. I have many friends.
23. I dislike eating foods from other cultures.
24. I think about living within another culture in the future.
Cross-Cultural Sensitivity Assessment

25. Moving into another culture would be easy.

26. I like to discuss issues with people from other cultures.

27. There should be tighter controls on the number of immigrants allowed into my country.

28. The more I know about people, the more I dislike them.

29. I read more national news than international news in the daily newspaper.

30. Crowds of foreigners frighten me.

31. When something newsworthy happens I seek out someone from that part of the world to discuss the issue with.

32. I eat ethnic foods at least twice a week.
Culturally Inappropriate Language

**Situation A: The Transgender Patient**

Lynn is a medical assistant and Flo is a nurse manager. Ms. Rose is a 48-year-old, longstanding transgendered patient accessing care in the dermatology department, identifiably transitioning from male to female.

*Lynn:* Flo, you’ve got to check this out. Mr. Rose is here, and he’s wearing a full face of makeup and high-heeled shoes!

*Flo:* You’re pulling my leg. Wait one minute here, and I’ll go take a peek.

Flo walks out of the nurse lounge and helps herself to a cup of water in the patient waiting area. She takes a long glance at Ms. Rose. Ms. Rose appears visibly distressed by Flo’s staring.

*Ms. Rose:* Yes, Flo. It’s me. But you can call me Ms. Rose from now on.

*Flo:* I’m so sorry for staring, Ms. Rose. . . I just wasn’t prepared to see you, uh, like this.

*Ms. Rose:* It’s okay, Flo. I’m ready to see Dr. Yamato when she’s ready.

Flo returns to the nurse lounge to find Lynn chatting about Ms. Rose with another medical assistant of about the same age. Flo decides to say nothing to the
Situation B: The Latina Patient

John is an African American male internal medicine resident physician. Susan is a Caucasian European American female and Chief of Internal Medicine. Mrs. Garcia is a Latina inpatient. John and Susan are on a crowded elevator with patients and clinicians.

The elevator is stopping on every floor and the passengers are visibly irritated. Susan: I’m so frustrated with Mrs. Garcia’s family. They insist on camping in her room and bringing food from home. I can barely get a word in edgewise. I guess I should be thankful most of the relatives speak English.

John: Uh, yeah. It’s very challenging to communicate. I’m not certain who I should be giving treatment plans to, the husband or the eldest son.

Susan: As far as I’m concerned, I wish they would all go back to where they came

From. John does not respond to Susan’s comment as they both get off the elevator and continue to make their rounds.

Communicative and Cultural Competence

“If you can’t see that your own culture has its own set of interests, emotions, and biases, how can you expect to deal successfully with someone else’s culture?” -Arthur Kleinman

Arthur Kleinman, a psychiatrist and medical anthropologist who is the head of the department of social medicine at Harvard Medical School, devised a set of eight questions that aim to elicit a patient’s “explanatory model of illness.”
Communicating with others who have limited English

1. Determine the patient’s level of comprehension in English and arrange for an interpreter if needed.
2. Try to communicate with the patient while you wait for the interpreter to arrive. Never ignore him or her.
3. Speak directly to the patient, even if you are using an interpreter.
4. Choose a speech rate and style that promotes understanding and demonstrates respect for the patient. Avoid rushing.
5. Avoid idioms and technical jargon. Use everyday language instead.
6. Use a tone of voice that shows you want to help.
Communicating with others who have limited English

- Use simple sentences and ask questions that are short and to the point.
- Repeat instructions, restating them in different words.
- Use gestures, diagrams, or props to explain treatments and procedures.
- Observe how the patient responds to your instructions. Check comprehension by looking for verbal and nonverbal signs.
- Avoid asking general questions like, “Do you understand?” to check comprehension. Ask patients to explain to you what they understand. (When a patient nods or answers “Yes,” he or she may not understand.)
- Find out the patient and family’s reading ability before giving them written materials.

Sources:
Asking Cultural Assessment

Questions

We talk to patients about their illnesses, symptoms, and medications.
But what do health care professionals know about their patients’ cultures, values, and beliefs? What do they know about the patient’s experiences with health care?

These questions are part of a model used to help health care professionals communicate better with patients.

Sources:
Small Groups Work
Case Study - Esperanza

Nineteen-year-old Esperanza Martinez Alfonso takes a seat in the lobby of the Family Medicine Clinic. She’s almost certain she’s pregnant. Since she moved to the United States from Mexico just six months ago, she’s seen colorful signs written in Spanish telling future mothers: “See your doctor today! Get prenatal care for your baby! It’s never too early to start!” She’s never been to a doctor in the United States and doesn’t know what to expect.

She searches the coffee table for a magazine. Everything is in English, so she folds her hands in her lap and looks around. The walls of the clinic have posters of pregnant women, but none are Hispanic. A receptionist looks out from behind a small window and waves her hand at Esperanza. “Excuse me, miss. Do you have an appointment?” Esperanza can’t understand what she is saying and slowly approaches the receptionist. “No speak English,” she quietly tells her. “Oh,” the receptionist answers. “Well, did you bring a translator with you?” Esperanza doesn’t answer, so the receptionist hands her a clipboard with several forms on it. “I need you to fill these out,” she says. Esperanza returns to her seat to complete the forms, but they are all in English. Fortunately, she recognizes the first line – “last name” – but she doesn’t know if she should write her mother’s last name or her father’s last name.

The receptionist calls out to her, “Do you have an insurance card?” speaking loudly and slowly. “Uh, how do you say it? Aseguranzas?” Esperanza replies, “No, no aseguranzas.” She’s uninsured, but she has some cash. She takes out a hundred-dollar-bill from the last paycheck her boyfriend cashed. The receptionist shakes her head. “We can’t change a hundred-dollar bill. Don’t you have a credit card or check?” Esperanza still doesn’t understand a word and begins to wonder why the receptionist won’t take the cash in her hand. “Maybe it’s not enough,” she worries.

No one wants a patient to feel unwelcome in health care, but that’s exactly how some patients from different cultures feel when they visit a medical office. The probably didn’t realize how Esperanza felt. But if her experience with the doctor is similar to what happened in the waiting room, she may never return. One thing that health care professionals can do is improve their communication skills, especially when working with patients from different cultures and with limited English skills. They need to know how much the patient understands, what the patient
Case Study

1. What language barriers did Esperanza experience?
2. What advice would you give the receptionist in order to improve the communication between her and Esperanza?
3. What advice would you give to the doctor who will see Esperanza?
4. Do you think Esperanza’s experience with health care is a common experience for patients?
Conclusion
THANK YOU!

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