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States Move toward Cultural Competency Education for Physicians
Culturally Competent Care Key to Improved Patient Outcomes

September 24, 2007 - As the demographics of America's patient population rapidly become more diverse, the cultural competence of physicians is imperative to enhancing positive health care outcomes. Training in culturally competent care encompasses a combination of attitudes, skills and knowledge, which allows health care providers to better anticipate, understand and care for patients whose cultural backgrounds are different from their own.

Recent legislative action across the U.S. underscores the need for culturally competent care in all areas of medicine. New Jersey was the first state to pass a law that ties cultural competence education to medical licensure. California and New Mexico have enacted similar legislation, Illinois has legislation currently pending and other states are following suit.

The American Academy of Orthopaedic Surgeons (AAOS) is taking the lead in preparing physicians to meet the needs of a changing U.S. patient population. AAOS has created a culturally competent care program to familiarize and raise awareness of orthopaedic surgeons with specific beliefs, customs, ethnic, racial and gender-based differences, so they can better meet the needs of patients with diverse backgrounds and specific needs.

"In my own practice, I have seen firsthand the benefits of training our young surgeons to be more sensitive to and more deeply aware of, diverse backgrounds. Physicians who can put their patients at ease and connect with them authentically are more likely to find that their patients follow through with a prescribed treatment," said Ramon L. Jimenez, MD, orthopaedic surgeon, consultant, Monterrey Peninsula Orthopaedic and Sports Medicine Institute, Monterey, Calif. and chairman of the American Academy of Orthopaedic Surgeons (AAOS) Diversity Advisory Board.

The Challenge: Overcoming Disparities in Health Care

Recent studies have documented many areas in which minority populations in the U.S. have worse health outcomes than those in the majority, including cardiovascular disease, diabetes, cancer, asthma, orthopaedics and HIV/AIDS. Compared to those in the majority, minority patients typically wait longer for diagnoses, receive less aggressive treatment and are under-treated for pain. Research

also shows that these racial and ethnic treatment disparities exist, even when insurance, social status, income, age, education and severity of conditions are comparable.

Many patients feel most comfortable with physicians who share their racial or ethnic background and/or language.

The Role of the Patient in Culturally Competent Care

Patients should voice their concerns and any specific needs, and speak up to ensure they fully understand their diagnosis and treatment options. It is most important patients know that it is always ok to ask questions and make their needs known. They should also:

- Discuss religious, dietary or privacy requirements with the doctor.
- Ask for a translator if necessary.
- Express any fears or conflicts they may have with Western Medicine.
- Discuss any herbal or traditional remedies they currently use.
- Come prepared with lists of all the medications they are taking, their surgical history with dates, their family medical history and any questions they want answered.

Following is information which illustrates just a few of the many patient differences a physician can use in order to help them become more sensitive and culturally competent:

African-American Patients

- African-American patients can often carry with them a long-standing distrust of the health care system in the U.S. The notorious Tuskegee study, in which treatment was withheld deliberately from black men in the name of research, is well known within the African-American community.
- Recognize that some African-Americans will use traditional home-made remedies, as well as alternative and herbal remedies. Make sure to ask about these so there is no contraindication.
- Show respect to gain trust. Greet patients with a calm demeanor, a firm handshake and direct eye contact.

Hispanic/Latino Patients

- Latino patients may have particular fears and attitudes about physical ailments and medical procedures. For example, Latino patients with a disability may fear loss of livelihood.
- Be aware of traditional gender roles: men are generally the authority figures in Latino households, while women are the homemakers. Educate each patient on all diagnostic and treatment options.

- Practice pronouncing the patient's name correctly, before entering the room. Smile and look directly at the patient. Be aware that other family members will likely be with the patient. Greet patients formally and speak Spanish whenever possible.

Asian-American Patients

- Eye contact may be avoided as a sign of respect. Greet the elders in the room first, address patients formally and take time with the patient visit.
- Be aware of the inherent distrust of Western medicine, gender issues, the preference for older Asian-Americans to prefer an older physician and a general form of indirect communication.
- The Asian-American population is diverse and represents people from a variety of countries and cultures. Recent immigrants represent the highest foreign-born percentage among all racial and ethnic groups in America. Language and cultural barriers are issues for many of them.
- Listen carefully to patient case histories since Asian-Americans may sometimes minimize their symptoms.

American Indian/Native-American Patients

- Speak in a quiet tone. Loud voices can be considered to be aggressive. Take your time when speaking, and avoid large or frequent gestures.
- Be calm, deliberate and unrushed in your greeting. Use direct, but not prolonged, eye contact, which can be considered invasive.
- A majority of Native Americans live on reservations. This highly diverse population boasts a host of linguistic, tribal, cultural and racial characteristics. Ask if patients may seek a healer or medicine man to ensure a full overview of patient care. Respect these choices and work with the patient in the most proactive possible to provide the best care.

Gender-Based Issues

- Acknowledge those people accompanying the patient and recognize that family members can often influence the decision making process.
- Don't assume a degree of informality with women – use titles, such as Ms., Mrs., *Senora*, etc.
- When planning to examine a patient from a conservative religious or traditional background (e.g., devout Muslim), first ask permission from the man/men accompanying her to the appointment.

Faith-based Issues

- For many patients religious and spiritual beliefs can often outweigh the advice of their doctor.
- Work with patients to observe their dietary restrictions to provide the best possible care.
- Respect the patient’s modesty and privacy.

Disclaimer: The culturally competent care information in this document is offered from the American Academy of Orthopaedic Surgeons (AAOS) in the form of guidelines, recommendations and tips. This information is general in nature, and not meant to be all-encompassing. It is a suggested starting point to raise physicians' awareness of patients' needs and preferences. AAOS does not assume that an individual from a particular ethnic or cultural group necessarily shares the all traits of that ethnicity or culture.

The American Academy of Orthopaedic Surgeons

With more than 30,000 members, the American Academy of Orthopaedic Surgeons (www.aaos.org) or (www.orthoinfo.org) is a not-for-profit organization that advocates improved patient care, and provides education programs for orthopaedic surgeons, allied health professionals and the public.

The AAOS Diversity Advisory Board

The AAOS Diversity Advisory Board is charged with integrating the values of diversity throughout the Academy's activities, initiatives, and membership. Fostering diversity is one of the Academy's ~~nine~~ strategic goals designed to advance its mission of serving the profession, championing the interests of patients, and advancing the highest quality musculoskeletal health.

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