

# **ETHNIC: Culturally Sensitive History Taking**

## **CULTURALLY SENSITIVE HISTORY TAKING: ETHNIC**

Obtaining a complete and accurate history of patients from different cultures can be a challenge. Utilize techniques that elicit patient perspective regarding their illness. Information on this card modified from <http://erc.msh.org/aapi/tt3.html> (Levin et al, 2000) and 18 Culture Questions Sheet (UMDNJ-SOM Dept of Family Medicine)

## **E: EXPLANATION**

### **Potential questions include:**

- What do you think is your medical problem?
- What do you think may be the reason you have these symptoms?
- What do friends, family, or others say about these symptoms?
- Do you know anyone else who has had or who has this kind of problem?
- Have you heard about / read / seen it on TV / radio / newspaper / internet? (if no explanation, ask what most concerns them about the problem)
- How much do you use of the following: salt, sugar, caffeine (coffee, tea, soda, chocolate), tobacco, alcohol, additives (MSG, sugar substitutes)? *Ask about each separately*
- What is your occupation? *may clue you to occupational exposures*

## **T: TREATMENT**

### **Potential questions include:**

- What kinds of medicines, home remedies, or other treatments have you tried for this illness?
- Is there anything you eat, drink, or do (or avoid) on a regular basis to stay healthy?
- Have they helped and what do you hope to get out of these treatments?
- What kind of treatment are you seeking from me?
- When performing the physical exam, ask the patient's permission before touching them; ask if there is anything you should not do and make sure to maintain the patient's modesty (eg - use of drapes to cover exposed areas)

## **H: HEALERS**

Have you sought any advice from alternative/traditional or folk healers or other people (non-doctors) for help w/ your problems? Tell me about it; ask if the pt's spiritual background may impact their care needs

## **N: NEGOTIATE**

Negotiate options that will be mutually acceptable to you and your patient and that do not contradict, but rather incorporate, your patient's beliefs.

## **I: INTERVENTION**

Determine an intervention with your patient. This may include incorporation of alternative treatments, spirituality, and healers as well as other cultural practices (eg - foods eaten/avoided both in general and when sick).

## **C: COLLABORATION**

Collaborate with the patient, family members, other health care team members, healers, and community resources.

# Effective Use of Interpreters

## TIPS FOR WORKING WITH AN INTERPRETER

Simply having an interpreter present or using the phone service (eg - language line) does not ensure that you and the interpreter will work effectively as a team. Information taken from: <http://www.hcin.org>

## INTRODUCE YOURSELF TO THE INTERPRETER

- Explain your role to the interpreter and give a brief background when possible (eg - explain if this is a follow-up appt or acute visit)
- Establish expectations for the appointment
- Do not use family members, especially children, as interpreters, if possible
- Seat yourself, the patient, and the interpreter in a triangular arrangement with the interpreter at the apex, behind the doctor and patient, who are facing each other
- Ask the interpreter to exactly interpret the words of both you and the patient
- Ask the interpreter to let you know if s/he is stepping out of the role as interpreter to add his/her own commentary to explain a cultural concept to help you understand the patient's perspective

## MAINTAIN THE DOCTOR-PATIENT RELATIONSHIP

- Introduce yourself and the interpreter to the patient and how the session will proceed
- Explain that both you and the interpreter are bound to maintain confidentiality about the session by a code of ethics
- Speak directly to your patient in the *first person* and ask the patient to also speak directly to you and not to the interpreter
- Maintain eye contact with your patient if it is not considered rude in your patient's culture
- Do not allow the interpreter and patient to have private conversations during the appointment
- Try not to leave the interpreter and patient alone in the exam room
- Remember that the interpreter is there to support your communication with your patient but that *you're in control*

## SPEAK IN LANGUAGE THAT IS EASY TO INTERPRET

- Pause after 2-3 sentences to allow interpreter to remember and repeat your message in the patient's language; use *active* voice
- Avoid slang and medical jargon. If the interpreter has difficulty or asks you to clarify, help the interpreter by rephrasing your question or statement; use *specific* rather than general terms
- Do not say anything that you would not like interpreted
- Speak slowly and ask the patient if s/he understood everything or has questions or concerns; use diagrams and translated material
- Allow time as these appointments may take longer

## CULTURAL LIAISON

- Ask questions if you are unsure whether there is a cultural barrier
- Ask the interpreter to help clarify if they have insight into cultural barriers that may play into the patient's care
- Ask patient's permission before engaging the interpreter to clarify