NHPCO Project ECHO 2023
Equity Where It Matters

Topic: Identifying Cultural Needs to Enhance the Care Experience

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Disclosures

Disclosure
The faculty and planners for this educational event have no relevant financial relationship(s) with ineligible companies to disclose.

Data Collection

In order to support the growth of the ECHO® movement, Project ECHO® collects participation data for each ECHO® program. Data allows Project ECHO® to measure, analyze, and report on the movement's reach. Data is used in reports, on maps and visualizations, for research, for communications and surveys, for data quality assurance activities, and for decision-making related to new initiatives.

Evaluation

You will be receiving an email with a link to complete a short survey about this session. Please complete the survey within 48 hours. We ask all participants to take the survey as it will help us to improve future sessions.

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Ground Rules and Video Teleconferencing Etiquette

- This is an all share-all learn format; judging is not appropriate

- Respect one another – it is ok to disagree but please do so respectfully

- Participants – introduce yourself prior to speaking

- One person speaks at a time

- Disregard rank/status

- Remain on mute unless speaking and eliminate or reduce environmental distractions to improve sound/video quality

- Use video whenever possible; make eye contact with the camera when you are speaking

- **Do not disclose protected health information (PHI) or personally identifiable information (PII)**

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Today's Agenda

- Introduction of Faculty – NHPCO Team

- Didactic Presentation – Faculty

- Case Study Presentation – Faculty

- Discussion – Session Participants, Faculty, and NHPCO Team

- Key Takeaways – Faculty and NHPCO Team

- Closing Remarks – NHPCO Team

Session Faculty

Marisette Hasan, BSN, RN
Program Coordinator
The SC Coalition for the Care of the Seriously

Toby Weiss, MSHRM, OD
AVP of Cultural Diversity
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Didactic Presentation

Overview

- Cultural values, beliefs and lived experiences shape the definition of a good death
- Responsibility to ease patients' final passage in alignment with their values and beliefs
- Impossible to be an expert in all cultures and faiths
- Imperative – core commitment to delivery of culturally sensitive care to all people
- Build common language around cultural terms, explore cultural assessment tools and cross-cultural communication models

Building a Common Understanding….

- **Culture** – defined as shared values, beliefs, attitudes, customs
- **Cultural Diversity** – can be related to age, education, gender, race, sexual orientation, ethnicity, religion, socio-economic status, disability……………and more
- **Cultural Competence** – proficiency and knowledge of different cultures that allows us to work with people of other cultures respectfully, effectively and sensitively
- **Cultural Sensitivity** –
  - awareness that cultural differences and similarities exist and have effect on values, attitudes and behavior
  - Sensitivity to differences not only between cultures but within cultures
  - Sense of respectful curiosity and a genuine desire to understand without judgment
- **Cultural Humility-** having a genuine desire to discover and accept what the patient is thinking & feeling, and how culture impacts their health beliefs

F.E.A.R. – False Evidence Appearing Real can result from generalized beliefs about others (stereotyping)

Components of Cultural Assessment

- Preferred Terms for Cultural Identity
- Appropriate Degree of Formality
- Language and Literacy
- Respectful Nonverbal Communication
- Alerts for Elephants in the Room
- History of Traumatic Experiences
- History of Immigration or Migration
- Acculturation

- Importance of Tradition and Health Beliefs
- Use of American Health Services
- Approaches to Decision Making
- Disclosure and Consent
- Gender Issues
- End-Of-Life Decision Making and Care Intensity
- Use of Advance Directives

Cultural Tools and Models to Enhance Care Delivery

Ask-Tell-Ask

Ask:

- Cross-cultural communication strategy
- Encourages two-way conversation
- Clinician asks for patient/family input prior to disclosing info
- Allows clinician to explore values/preferences and prior healthcare experiences

Tell:

- Clinician communicates information clearly without medical jargon and in alignment with preferences garnered in the initial 'ask'

Ask:

- Clinician Inquires what the pt./fam understood and what their take-aways are
- This invites questions and opportunities for clarification should the patient/family need

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Age-Friendly Health Systems

LEARN MODEL –

- **A flexible communication model that can be applied when working with patients to bridge cultural/religious gaps of understanding**

- **L = Listen** *with empathy to the patient's perception of the problem*

- **E = Explain** *your understanding of the problem*

- **A = Acknowledge** *and discuss the differences and similarities*

- **R = Recommend** *an appropriate plan*

- **N = Negotiate** *agreement*

Berlin, Fowkes,*A Teaching Framework for Cross Cultural Health Care* (1983), The Western Journal of Medicine, 1983,139(6), 934

Didactic Presentation Q&A

Case Study Presentation

Situation

93 y/o Female Mrs. K

- Advanced colon cancer with metastatic disease in liver, lungs and bones.
- Receives hospice care in her home

Background

- 93 y/o widowed, Orthodox Jewish Holocaust survivor who lives alone
- Husband died 7 years prior from Cancer
- 2 adult sons who live far away but are involved
- Outgoing and friendly but suspicious of strangers
- With trusted visitors, she reminisces about her childhood and marriage
- Retired school secretary who educated youth about WWII/Holocaust

Assessment

- Requires assistance for all activities of daily living (HHA)
- Uses oxygen for shortness of breath; is unsteady on her feet; blind from macular degeneration
- Suffers from uncontrolled acute pain in back, abdomen, head yet refuses to take pain medication to relieve symptoms
- Suffers from sleep disturbance due to uncontrolled pain
- Suffers from epileptic seizures as result of head trauma in Holocaust
- Suffers from constipation and therefore resists eating
- Overwhelming anxiety and fear of being alone

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Recommendations

- IDT should consider which Cultural tools and resources could be applied to gain understanding from the patient as to why she is not taking her pain medication and following the plan of care.

Discussion and Recommendations

Didactic Presentation

Questions

What are the main overriding issues that are impacting Mrs. K's case and her end -of - life experience?

Utilizing the LEARN model, how should the team engage with Mrs. K to enhance her end -of -life experience?

- **L = Listen** *with empathy to the patient's perception of the problem*
- **E = Explain** *your understanding of the problem*
- **A = Acknowledge** *and discuss the differences and similarities*
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Implementation of the LEARN MODEL

- **Listen =** Physician asks patient questions to understand her experience of pain and why she has not been taking prescribed pain medication to alleviate her symptoms.

- **Explain =** Once physician understands patient's reluctance, he is able to explain how severe unmanaged pain may be harmful and further complicate her clinical condition.

- **Acknowledge =** Physician acknowledges potential for treatment related side-effects and provides reassurance that follow up care would address these issues in a flexible way.

Implementation of the LEARN MODEL

- **Recommend =** Provides clear, concrete and written instructions about when to take medications, in what doses and when to report back - so effects can be addressed and managed in real time

- **Negotiate =** Open discussion and collaboration with the patient and family to build trust and arrive at a middle ground to achieve balance between medical needs and (culturally-specific) patient concerns

Key Takeaways

- What do you know about the patient you are going to see other than the clinical condition

- What would you want to know about the patient that may not be captured in a typical intake

- Have you ever been surprised by what you learned and how you understood the pt/family when they shared non-clinical and sometimes nuanced info about what was important to them

- Through use of adaptable tools such as Cultural Assessment, Ask-Tell-Ask, LEARN Model and effective communication skills we can maintain a patient centered focus.

- The 'language of listening' requires being 'other-directed' and remaining 'value-neutral.'

- Generalized concepts of cultural beliefs are not helpful when working with the patient as an individual. Take guidance from the patient/client.

- Any and all models should be flexible and fluid to accommodate the changes in a patient's clinical, emotional and spiritual condition.

References

1. *Supportive Care: Communication Strategies to Improve Cultural Competence in Shared Decision Making.* Edwina A. Brown, Hilary L. Bekker, Sara N. Davison, Jonathan Koffman, Jane O. Schell
2. *Doorway Thoughts: Cross-Cultural Health Care for Older Adults.* Jones and Bartlett Publishers, American Geriatrics Society (2004), Updated in 2014 and currently available online. Editors: Sharon Brangman, MD, FACP, AGSF, Vyjeyanthi S. Periyakoil, MBBS, MD, publisher: American Geriatrics Society, 2014.
3. Elois Ann Berlin and William C,. Fowkes Jr., *A Teaching Framework for Cross-Cultural Health Care, The Western Journal of Medicine, 1983*
4. Reference: Supportive Care: Communication Strategies to Improve Cultural Competence in Shared Decision Making. Brown, Bekker, Davison, Koffman, Schell. American Society of Nephrology, vol.11 October, 2016, p.1906
5. *Cultural Competence and Cross Cultural Care at the End of Life.* Feser, Loreen, R.N.B.N., Sept. 2003
6. Narayan, M., C (2017), Strategies for implementing the National Standards for Culturally and Linguistically Appropriate Services in home health care Mgmt Practice, 29(3), 168-175
7. *Cultural Humility is Critical to Health Equity. AAFP Leader Voices Blog (American Academy of Family Physicians)*

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Session Evaluation and Certificate of Completion

- Your feedback is valuable as we plan upcoming sessions!

- Project ECHO sessions are not accredited for continuing education, but we are able to offer a confirmation of completion for each session. To receive confirmation of completion, please complete the following [Project ECHO Session Evaluation and Knowledge Check](#) following each session.

NHPCO Health Equity Certificate

- Would you like to demonstrate your commitment to delivering culturally competent care across the continuum of serious illness in an equitable, inclusive, and person-centered manner?
  - NHPCO is pleased to offer a Health Equity Certificate for individuals who participate in at least 17 sessions in the *Equity Where It Matters* series

- Participants interested in earning the Health Equity Certificate must complete the [Project ECHO Session Evaluation and Knowledge Check](#) following each session.

- Effective July 20, the Session Evaluation and Knowledge Check can be completed using one link for each session.

- Session Evaluation and Knowledge Check links are unique for each Project ECHO session and do not expire. Links for each 2023 session can be found on the [NHPCO Project ECHO webpage](#).

Upcoming Sessions

Date: August 17

Topic: Intentional Inclusivity in the Workplace

Date: September 7

Topic: Best Practices for Inclusive Metrics in End-of-Life Care

Additional Information

NHPCO Project ECHO webpage:

https://www.nhpco.org/regulatory-and-quality/quality/projectecho/

NHPCO Project ECHO session recordings and Key Takeaways:

https://www.nhpco.org/regulatory-and-quality/quality/projectecho/2023-project-echo-session-recordings/

NHPCO Project ECHO Registration Link:

https://nhpco.zoom.us/meeting/register/tZEsfu-trz4oGtQeKFw41UElYNwjSli8QCBF

For more information:

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