

## NHPCO Project ECHO *Equity Where It Matters*

### Key Takeaways: Identifying Cultural Needs to Enhance the Care Experience

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#### Key points:

- Through use of adaptable tools such as a [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.'
- All models should be flexible and fluid to accommodate the changes in a patient's clinical, emotional, and spiritual condition.

#### Actionable Steps:

- Generalized concepts of cultural beliefs are not helpful when working with the patient as an individual. Take guidance from the patient/client.
- Consider which cultural tools and resources could be applied to gain understanding from the patients.
- Implement the LEARN Model
  - **Listen** = Ask the patient questions to understand their experience of pain and the reasons for not taking the prescribed pain medication to symptoms.
  - **Explain** = Once the patient's reluctance is understood, explain how severe unmanaged pain may be harmful and further complicate their issues.
  - **Acknowledge** = Acknowledge the potential for treatment related side-effects and provides reassurance that follow-up care would address these issues in a flexible way.
  - **Recommend** = Provide 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

#### Conversation Starters:

1. What do you know about the patient you are going to see other than the clinical reason attached to the visit?
2. What would you want to know about the patient that may not be included in clinical notes or information that is captured in a typical intake?
3. Have you ever been surprised by what you learned, and how you understood the patient/family, when they shared non-clinical and sometimes nuanced information about what was important to them?

#### Participant Perspectives:



- Providers must remember to reserve judgement, fear of loss of control may be based in childhood trauma.
- Consider identifying a team member to serve as a “cultural broker” to connect with patients and families.
- Clinicians should not rely only on team members to teach them about specific cultures and should initiate their own research, as well.
- Cultural challenges can relate to trauma-informed care, which can apply in many different cases and across the lifespan
- Trauma assessments should be integrated with initial assessments and should be seen as best practice.
- It’s important to truly listen to the patient and what matters to them, even if we don’t agree.
- It’s important to remember that the patient is the expert on their needs, culture and beliefs and what will work best for them.

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