

Introduction

This presentation will help participants understand key concepts about providing culturally responsive health care to adolescents. By the end of this Spark, participants will be able to describe the relevance of cultural responsiveness training to the care of adolescent patients, and identify some of the ways your health center already engages in creating a culturally responsive environment for adolescents.

Objectives

By the end of this Spark training, participants will be able to:

- Identify relevance of Cultural Responsiveness training to care for adolescent patients
- Identify some of the ways your health center already engages in creating a culturally responsive environment for adolescents
- Describe basic terms and concepts related to culturally responsive care of adolescents

Supplies

Prepare these supplies prior to facilitating this Spark.

- Laptop
- Projector
- Speakers
- Video: give yourself time before the Spark to test the video and sound.
- Copies of the *Cultural Responsiveness Spark Handout* for all participants
- Writing utensils for all participants

Additional Resources

If you would like to learn more about this Spark topic, or want to find health care services to refer teens to, take a look at these additional resources.

- [Social Determinants of Adolescent Health: Culturally Respectful Care](#)
- [Ensuring Culturally Effective Pediatric Care](#)

Citation

If you plan to modify this resource, please cite or credit as: Cultural Responsiveness. Spark Training developed by the Adolescent Health Initiative at Michigan Medicine; August 2017; Ann Arbor, MI.

Key of Icons

 = Slide change  = Estimated duration of topic  = Script for facilitator  = Note for facilitator

Intro/Hook  (10 minutes) 1 – TITLE SLIDE

 Today we are going to do a 15-minute mini-training, also called a Spark. For this Spark, we'll be focusing on key concepts about culturally responsive health care. When we talk about meeting the needs of our patients through being sensitive to cultural difference, it's helpful for us to define what we mean by the word "culture."

 2 – CULTURE IS...

 "Culture is the learned and shared knowledge that specific groups use to generate their behavior and interpret their experience of the world."¹

It includes things like attitudes, language, tone of voice, body language, concept of time, eye contact, religion, sexual orientation, family roles, education, income, tradition, and age.

When we recognize how our patients might have specific needs based on their cultural identities, we can work towards being culturally responsive. Here's how we define culturally responsive or culturally appropriate services.

 3 – CULTURALLY APPROPRIATE SERVICES ARE...

 "Culturally appropriate services are health care services that are **respectful of and responsive to** cultural and linguistic needs (of patients)." For instance, if a patient's religion or culture dictates that it is rude to look people in the eye while talking to them, and you know or suspect this, AND the patient is talking to you while looking down, you might initially feel that this behavior is rude, but to them, it's polite. You might choose to mirror their behavior and not make direct eye contact, or you might not. But bottom line, it's important to extend the same quality of "customer service" that you would to anyone else, and try not to be insulted if their values are different from yours.

This might remind us about what it means to be patient-centered. The definitions of culturally appropriate care and patient-centered care are very similar.

 4 – DEFINITIONS

 Here are the definitions side by side. "Patient-Centered Care is providing care that is respectful of and responsive to individual patient preferences, needs and values, ensuring that patient values guide all clinical decisions."

We pride ourselves on being patient-centered already. Being culturally responsive means that we are being patient-centered, with a focus on respecting the cultural needs of our patients.

 5 – APPLYING TO TEENS

So how does this apply to our work with teens? **Making sure we are culturally responsive is especially important when we work with teens, because teens may already be treated as “less than” by adults.** We can look at the age group of adolescence as one more part of culture to consider when we’re trying to be culturally responsive.

 6 – INTERSECTION

When we combine adolescence with other identities that experience discrimination, the intersection can be even more complicated. This Spark will focus on adolescents as a cultural identity, and it’s helpful to keep in mind ways that bias can apply to all cultural identities.

 7 – VIDEO EXAMPLES

 We’ll watch a video clip that show two scenarios of staff and providers interacting with teen patients – in some cases, we see culturally responsive interactions, and in other cases, they show interactions that are not responsive or respectful. Keep an eye out for two aspects of culture that might be easy to miss: sexual orientation and religion. The teen male patient refers to his imam, and for those who may not know, an imam is an Islamic religious leader.

 The YouTube link is: <https://youtu.be/cytETc6FTJ0>. Select CC on bottom right of the video for Closed Captions (subtitles).

 Pass out the Cultural Responsiveness Spark handout. If you choose not to use the worksheet, ask participants to make mental notes about video observations.

 While watching the video, use the worksheet to jot down your thoughts. The left column is for examples of culturally responsive care – write examples of positive, culturally responsive behaviors you notice. The right column is for examples that are not culturally responsive, or that could be improved to be more sensitive.

Key Concepts (4 minutes)

 8 – VIDEO OBSERVATIONS

 Let’s discuss scenario #1 with Mariana, who was the patient, the receptionist, and Dr. Simon. It’s pretty clear that the receptionist was rude, and being polite is basic common courtesy. But let’s look beyond that. What ways could the receptionist have improved her interaction with Mariana, especially as it relates to cultural responsiveness?

 Have people share responses.

Possible responses: apologizing for mispronouncing name, not announcing that patient is late, changing tone of voice, review clinic policies (late arrivals) with patient if needed.

💬 Also, Dr. Simon was short and dismissive with Mariana. What could he have done to be more culturally responsive with Mariana?

💡 Have people share responses.

Possible responses: establish rapport with patient, better eye contact, not check his phone, asked the patient about sexual orientation/sexual activity (Mariana implied that she did not need condoms but was sexually active – this might mean she is in a relationship with a woman).

💬 Now let's discuss scenario #2 with Sharif, who was the patient, and Dr. Bell. In what ways did Dr. Bell model culturally responsive care with Sharif?

💡 Have people share responses.

Possible responses: assured him of confidentiality/privacy, established relationship with patient, commended patient for seeking care, acknowledged family and religious beliefs when Sharif said it was important to his parents and imam (an Islamic religious leader) for him not to have sex.

💬 What other observations did you have about how Dr. Bell cared for Sharif?

💡 It's fine if no one has other points to add – the video is supposed to model culturally responsive care.

💬 It can be a lot easier to notice when someone is NOT culturally responsive than when someone is culturally responsive. The videos outline some of the ways to be culturally responsive with patients, but thinking about the “platinum rule” can come in handy here, because it can be applied to any situation.

🖥️ 9 – CULTURALLY RESPONSIVE INTERACTIONS

💬 This is much easier to understand when we think about concrete examples. For instance, culturally responsive interactions happen when staff and providers:

- are sensitive to patient/family religious beliefs
- take extra time to help patient complete paperwork if needed
- use patient's terms when appropriate (speak their language)
- make an effort to ensure correct pronunciation of patients' names

Application 🕒 (1 minute)

🖥️ 10 – THE GOLDEN RULE VS THE PLATINUM RULE

💬 We know the Golden Rule, which says that we should treat others as we would want to be treated. The Platinum Rule goes one step further, and it includes cultural responsiveness when it says, “Treat others as they want to be treated.” You may want to be treated a certain way, but that doesn't mean that all others want to be treated that same way – especially when we think of the wide range of cultural values, and the values of our adolescent patients. If a patient does not feel comfortable shaking hands, or wants to call you “Mr.” or “Mrs.” instead of your first name, being culturally responsive means we do our best to accommodate their value. If a teen is wearing

headphones that are playing loud music you find offensive, it can be challenging to maintain politeness. However, listening to loud music may be a cultural norm for adolescents. In the context of culturally responsive care, this means that we need to be respectful of and responsive to our patients' cultural needs.

11 – THANK YOU

 To keep this conversation going over the next month, I will share Sparklers, or case scenarios, that relate to cultural responsiveness. I'll post the Sparklers around the office in places that you all can easily see them. When you see a Sparkler, take a moment to read the scenario and think through the questions listed on the page. Thank you for your participation!

12 – REFERENCES

 This slide is included in case people have questions about the source of information or want somewhere to start their own research. Can be displayed if there's time.

ⁱ National Center for Cultural Competence, Georgetown University Child Development Center, 2007.