Cross Cultural Communications

GROWING IN RESPONSIVE CARE

	NOTICE What do I observe about the patient or environment?	CONSIDER How might what I observe impact my relationship with the patient?		ACT How can I integrate what I NOTICE and CONSIDER into supportive ACTION?
PERSON	Religion, social or ethinic group & gender of patient	Patients may prefer a provider of the SAME gender, social, or ethnic group.	Patients from a marginalized group may prefer a provider from a DIFFERENT culture.	Ask patient their preferences.
	Who is with the patient	Patients may CHOOSE to bring co-decision makers.	Patients may feel FORCED to bring co-decision makers.	Greet everyone in the room. Ask the patient how THEY want you to engage.
LOCATION	Privacy	Patients may want additional covers during examinations.	Patients may only want to be nude or show certain body parts with providers of the same gender.	Ask patients what covering they prefer. Create a simple screen between the patient or around certain body parts if necessary.
	Exits and Doorways	Patients may be anxious in new places, especially medical.	Patients may have a trauma history sensitive to confinement.	Avoid blocking exits. Inform patient of ability to leave at any time.
RELIGION	Holidays or Religious Observations	Fasting may impact energy and the ability to retain or recall information.	Social pressure may interfere with appointments / treatment.	Provide handouts, repeat information and co-create memory aids: list, voice note, or diagram.
	Religious or Traditional Practices	Religion builds hope, community, and belonging.	Traditional remedies may be taken instead of pharmacological medicines.	Ask what practices / remedies patient is using.
RELATIONSHIP	Sign langauge or Nonverbal sounds	Agreement, understanding or objection may be TONAL or VERBAL or via GESTURE.	Patients may look disengaged yet are attuned.	Ask the patient to explain the gesture. DO NOT replicate the sound / gesture.
	Body Language	Some cultures avoid eye contact, touch, or close proximity.	Closed posture might signal discomfort, deference, or modesty.	Take the patient's lead in physical contact. Maintain an inviting posture at eye level. DO NOT force eye contact.
	Deference	Patients might not ask questions or report sensitive concerns.	Deference can be a tool for patient advocacy.	Elicit feedback consistently. Create treatment plan WITH patient.
	Silence / Pause	Stress can impede information recall and decision making.	Patients may need time to translate, process, and develop questions.	Pause for questions or processing. DO NOT rush the patient.