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CENTER on KNOWLEDGE TRANSLATION for  
DISABILITY and REHABILITATION RESEARCH

# Cultural Competence Resources from CIRRIE

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*A webcast sponsored by SEDL's Center on Knowledge Translation  
for Disability and Rehabilitation Research (KTDRR)*

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A photograph of a globe with a map overlay. The map is colorful and shows various regions. A wooden gavel is placed on the globe, and a blue pushpin is stuck into the map. The text 'Cultural Competence Resources from CIRRIE' is overlaid in white.

# Cultural Competence Resources from CIRRIE



**CIRRIE**  
Center for  
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Rehabilitation  
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Information &  
Exchange

**UB** University at Buffalo  
*The State University of New York*

  
**NIDRR**

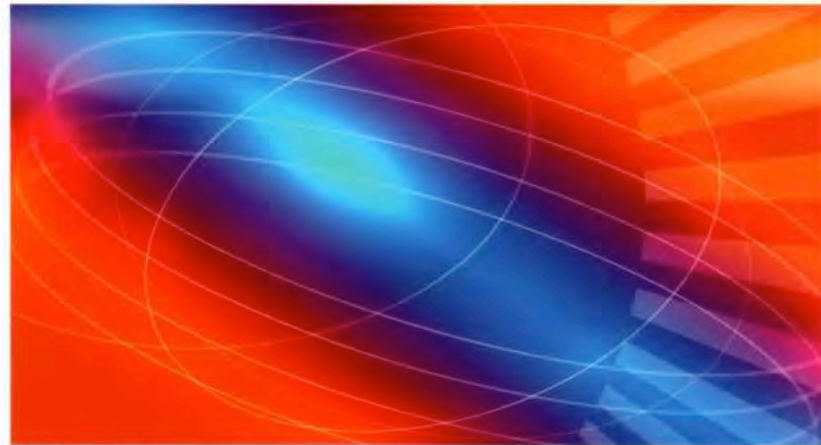
## CIRRIE 1: 2000-2005

- Generic **in-service** workshops on “Culture Brokering”
- Information resources on the cultures of recent immigrant groups (monograph series and book).



# Culture and Disability

Providing Culturally Competent Services



John H. Stone  
Editor

*Multicultural Aspects of Counseling Series 21*



## CIRRIE 2: Pre-service university training (2006-2010)

- Learn CC skills along with other professional skills, rather than in-service
- 4 programs:
  - Rehabilitation Counseling
  - Physical Therapy
  - Occupational Therapy
  - Speech Therapy

# Questions

## 1. Infusion or separate courses?

### Separate:

- Overloaded curricula
- Isolated from “real” professional skills
- Abstract, unrelated to practice

### Infusion:

- Implications in different contexts
- All faculty
- Reappears each semester and deepens

## 2. Profession-specific or Generic?

- Generic is more abstract - must avoid examples, terminologies and concepts of any one profession.
- Profession-specific: students see relevance and applicability to their profession, not something outside its mainstream.



## Multi-disciplinary cases

- Case studies developed in one program can be adapted for another (OT, PT, Speech, Rehab Counseling).
- General facts of the case may be the same, but questions, assignments & problems may be different.
- Analyze cultural factors in a multi disciplinary perspective.

## Strategy: Make material available to instructors

- Most instructors did not have cultural competence instruction when they were students.
- Most instructors value such instruction, but have difficulty incorporating it into their courses.
- Instructors more likely to infuse in their courses if provided with curriculum guides and materials.

## Resources

Curriculum guides at

<http://cirrie.buffalo.edu/curriculum/guides>

# The Road to Culturally Competent Care

Campinha-Bacote (1991):

Suggests four factors that contribute to culturally competent care:

1. Cultural awareness/sensitivity
2. Increasing cultural knowledge/worldviews
3. Developing cultural skills
4. Participating in cultural encounters

# Participating in Cultural Encounters

What really matters when we send our graduates to practice in our health care community?

How do we want our graduates to conduct themselves when they are practicing?



Image courtesy Karen Panzarella

# The Rehabilitation Service System is a Cultural System

How can the Health Care Provider work **Through**, rather than **Against**, the culture of foreign-born consumers?

How does the health care team work **through** cultural barriers?



Image courtesy Karen Panzarella

# Cultural Brokering

- \* The act of bridging, linking or mediating between groups or persons of differing cultural backgrounds for the purpose of reducing conflict or producing change
- \* The cultural broker acts as a go-between, advocating on behalf of another
- \* The cultural broker is a problem solver and must understand

(Jezewski, 1990)

# To Gain Perspective of Clients from Diverse Cultures

1. What do you think caused your problem (disability)?
2. Why do you think your problem (disability) started when it did?
3. What do you think your sickness (disability) does to you? How does it work?
4. How severe is your sickness (disability)? Will it have a short or long course?
5. What kind of treatment do you think you should receive?
6. What are the most important results you hope to obtain from this treatment?
7. What are the chief problems your sickness (disability) has caused you?
8. What do you fear most about your sickness (disability)?

(Kleinman, 1978)



# What is Simulation?

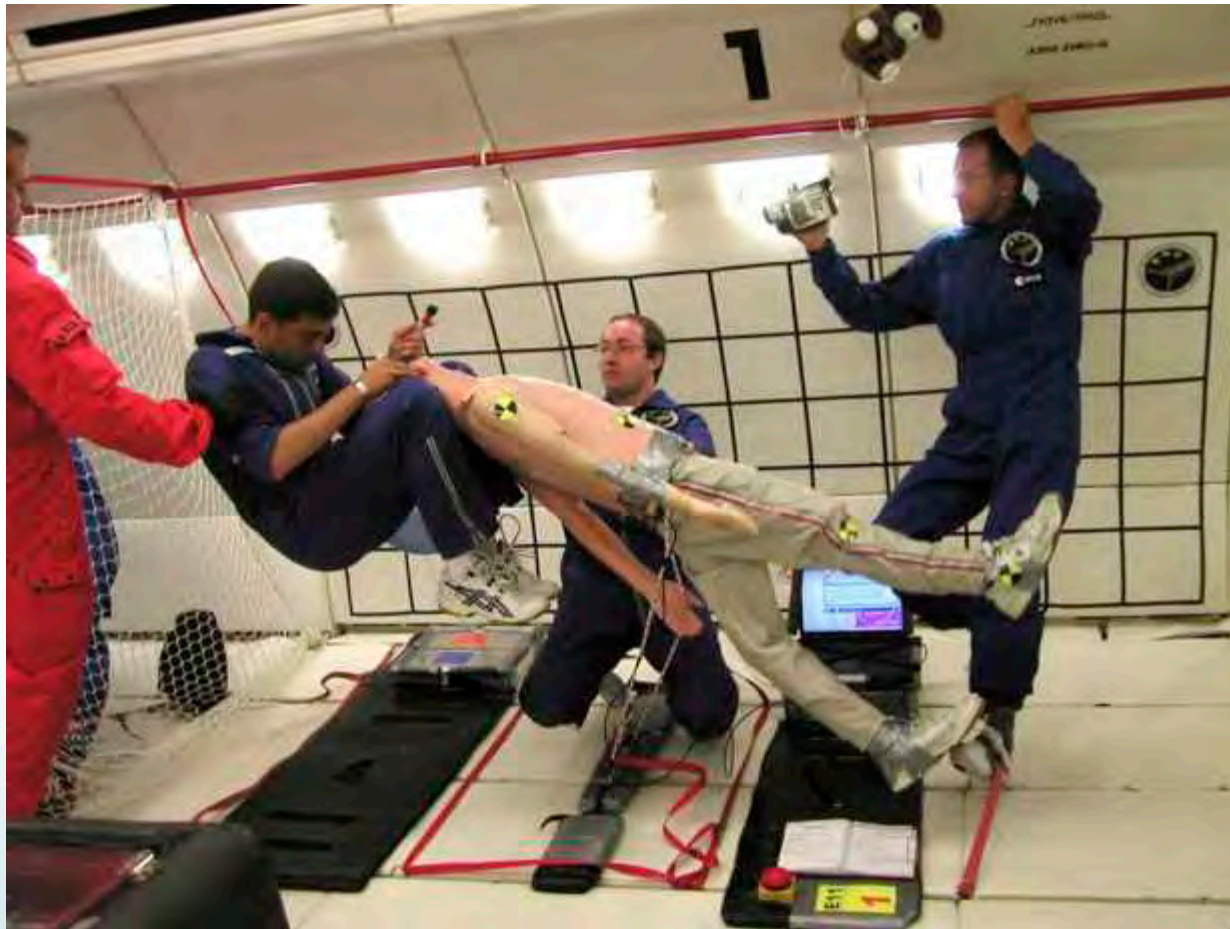


Image courtesy Austrian Space Forum

# What is Health Care Simulation?



Image courtesy Karen Panzarella



Image courtesy Karen Panzarella



## Immersive Simulation

- Patient Management
- Immediate Debriefing
  - Reflection
  - Improvement
- Repeat
- Critical Thinking Skills
- Improved Communication
- Improved Patient Safety

# Not Just For Codes



Image courtesy Karen Panzarella

- Reinforce management
- Ethical dilemmas
- Difficult conversations
- Unprofessional team member
- Communication
  
- Scenarios grounded in:
  - Objectives
  - Performance measures

# Framework of a Case Scenario

“Creates the base to transition a case study lecture animation/practice session into an integrated immersive patient care management experience”

M E D I C A L  
SIMULATION  
D E S I G N

J. Kleinman, RN, MA 2009

## Components of a Case Scenario

- Cognitive Threads
- Technical Threads
- Behavioral Threads

## Cognitive Threads

- Understand clinical presentation
- Identify contributing risk factors
- Recognize a change in patient status
- Plan correct intervention/  
treatment
- Acknowledge all levels of cultural  
impacts

## Technical Threads

- Assessment
- Infection Control
- Medication Administration
- Patient Safety
- Documentation



## Behavioral Threads

- Communication
- Situational Awareness
- Decision Making / Prioritization
- Leadership
- Professional Behavior

## Mrs. Nekita Lamour

Patient is a 68 year old Haitian female 5 days status post Right below knee amputation due to a crushing injury from an earth quake in Haiti, pt. was transferred to a US hospital for surgery, pt. speaks very limited English Patient has been medically cleared for discharge from the hospital



Image courtesy Karen Panzarella

# Occupational Therapy Screening



Image courtesy Karen Panzarella

Physical  
Therapy and  
Occupational  
Therapy  
Consulting  
with Patient  
and her  
Daughter



Image courtesy Karen Panzarella

# Debriefing

Learners Develop the  
Desire for Culturally  
Competent Care And  
Understand it is a  
life-long process



Image courtesy Karen Panzarella

# INTEGRATED DEBRIEFING GUIDE

- Give us a quick summary of what happened.
- What went well? What didn't go so well?
- What was concerning about this case? Please explain
- What cultural influences may have been present in this case? How were they addressed? How should they be addressed?
- How were decisions made? Was the pt. and family involved in the decision making process?
- What resources could be accessed?
- How was the family involved in the decision making process?

## Juan Dominguez

Patient is a 64 year old El Salvador male. Patient was admitted 5 days ago for osteomyelitis and gangrene of the (L) foot. Patient underwent a supramalleolar amputation of the (L) foot 1 day ago. A Physical Therapy evaluation has been ordered for mobility, transfers and strengthening to prepare for D/C to home.



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Embedded Challenge: Patient requests a female nurse

Scenario of Juan Dominguez is played within the YouTube video and the webcast transcript includes the video's transcript.



# Hosanna Boothe

Patient is a 88 year old female of Jamaican decent who fell in her kitchen while doing dishes 3 weeks ago. Patient underwent a (L) total hip replacement 2 weeks ago without complications. Patient was discharged from the hospital 1 week ago and has been in a sub-acute facility for 1 week. Patient has been attending OT and PT therapy daily for mobility training for goal D/C to home in one week.



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Embedded Challenge:  
Patient refuses to participate in rehab for the week due to Jamaican national holiday

Scenario of Hosanna Boothe is played within the YouTube video and the webcast transcript includes the video's transcript.

## Zhang Li

Mr. Li is a 35 year old male of Chinese decent referred to physical therapy for evaluation low back pain. Due to his cultural beliefs he has avoided western medicine except for appointments with his primary MD, who is also of Chinese decent and maintains a practice in China Town where Zhang lives. Mr. Li speaks a few words to express his interest in homeopathic remedies such as Tai Chi and acupuncture.



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Embedded Challenge:  
Patient is resistant to treatment and is only attending PT at the suggestion of his MD

Scenario of Zhang Li is played within the YouTube video and the webcast transcript includes the video's transcript.

## Outcomes reported from Learners...

- Interpersonal skills are key
- Language barriers are rough but manageable
- Importance of laying out everything you are going to do with the patient so they understand
- How to utilize an interpreter
- Received a better grasp on dealing with patients of different ethnicities
- Make sure to communicate with others, Social Workers and OT
- Communicate more with other disciplines

## CULTURAL AWARENESS

### Didactic vs Clinical Experience

- ❖ Classroom discussion does not translate to real life clinical experiences.
- ❖ Simulation based learning provides realistic challenges.
- ❖ Variety of cases and clinical settings helpful
- ❖ Use of live actors was more productive than mannequins.

### Communication

- ❖ Simulated based learning stimulates communication between professions
- ❖ Provides opportunity to communicate and work as a team
- ❖ Language barrier greatest issue for students concerning communication
- ❖ Simulation based learning to help form strategies of non-verbal communication

Case Number	Patient Name	Learners/ Confederates	Setting/Dx	Cultural Challenge	Embedded Challenges
#1 CIRRIE Haiti Earthquake	Mrs. Flore Paui	OT, PT, (SW)	Acute Care Hospital, (R)TKR	Haitian, transferred to US Hospital following earthquake, Pt. is in pain and believes she should rest and not participate in therapy	Determine if pt. can participate in rehab and potential for D/C
#2 CIRRIE Haiti Earthquake	Mrs. Nekita Lamour	OT, PT	Acute Care Hospital, (R) BKA	Haitian, transferred to US following the earthquake for surgery, speaks very limited English, must use daughter to translate	Determine if patient is able to travel back to Haiti within a day
#3 CIRRIE Haitian Immigrant	Mr. Emmanuel Herling	OT, PT, MD/ Nursing	Outpatient rehab department within hospital setting, (L) shoulder injury, acute coronary episode	Haitian, recent immigrant, anxious about home repairs, does not understand seriousness of condition, speaks limited English	Differential diagnosis for (L) shoulder pain, gain trust to transfer to ER

<p><b>#4 CIRRIE</b> <b>Brazilian</b> <b>Immigrant</b></p>	<p>Mr. Jose` Eduardo Silva</p>	<p>PT, MD, SW, Nursing</p>	<p>Acute Care Hospital, telemetry unit, (L) shoulder injury, acute coronary episode</p>	<p>Brazilian recent immigrant, anxious about trip in a few days to return to Brazil for Carnival</p>	<p>Pt. wants to leave hospital against medical advice to return to Brazil for Carnival</p>
<p><b>#5 CIRRIE</b> <b>Brazilian</b> <b>Transnational</b></p>	<p>Mr. Giovani Acquarone</p>	<p>MD or NUR, OT, PT</p>	<p>Waiting room of outpatient rehab department within Hospital, MS, acute coronary episode</p>	<p>Brazilian transnational, spends ½ time in Brazil,</p>	<p>Pt. unresponsive, is found to have a revolver in his possession, wife frantic , concerned about law enforcement</p>
<p><b>#6 CIRRIE</b> <b>Mexican</b> <b>Immigrant</b></p>	<p>Senor Hernan Riojas- Cortez</p>	<p>SLP, PT (MD, Dentist, Pharm by phone)</p>	<p>Home Care, (L) CVA</p>	<p>Mexican Immigrant, speaks limited English, wife possessive caregiver</p>	<p>Pt. portraying machismo and noncompliant with meds</p>
<p><b>#7 CIRRIE</b> <b>Mexican</b> <b>Immigrant</b></p>	<p>Senora Ladonna Chavez</p>	<p>OT, PT, NP</p>	<p>Outpatient Rehab Center, (R) frozen shoulder</p>	<p>Mexican Immigrant since childhood, husband controlling and wants wife to have surgery instead of rehab</p>	<p>Pt. very concerned over not being able to fulfill role of caretaker to grandchildren and aging parents, displaying Marianismo</p>



#8 CIRRIE El Salvador	Juan Dominguez	Male Nurse, Female PT	Acute Care Inpatient Hospital supramalleolar amputation of the (L) foot	El Salvador immigrant Pt. works on a farm picking crop he is able to walk to work, the family does not own a car	Patient requests a female nurse his culture believe nurses should be a female role
#9 CIRRIE El Salvador	Juan Dominguez	PT, Nurse	Acute Care Inpatient Hospital (L) BKA 5 days ago	El Salvador immigrant Pt. works on a farm picking crop he is able to walk to work, the family does not own a car	issues related to language and the use of an interpreter, how the culture feels about disability and entering back into the community,
#10 CIRRIE Jamaican	Hosanna Boothe	PT, OT	Sub-Acute Rehab	Female, Jamaican immigrant who underwent a (L) total hip replacement and is now in a sub-acute facility for 1 week.	Pt. refuses to participate in OT/PT due to Jamaican national holidays
#11 CIRRIE Jamaican	Joseph Clarke	PT, OT	Outpatient Orthopedic Clinic	Male, Jamaican immigrant referred to physical therapy and occupational therapy for evaluation and treatment for adhesive capsulitis of the (R) shoulder.	Pt. is resistant to treatment and feels his independence is an important factor of the Jamaican culture

#12 Muslim	Aisif Muhammad	PT, OT, Dietician	Acute, Phase 1 Cardiac Rehabilitation	Male, Iranian descent is Muslim, suffered an acute MI 3 days ago	Pt. wants to go home and have his wife and kids care for him, is adamant about being able to pray during PT evaluation, wife wants her husband D/C
#13 Muslim	Aaliyah Madiyan	PT and Dietician	Sub-Acute Rehabilitation	Female, Muslim, s/p TKR	Pt. is observing Ramadan and is lethargic due to fasting
#14 Chinese	Zhang Li	PT	Outpatient Orthopedic Clinic	Male, immigrant from China, with low back pain	Pt. practices traditional Chinese medicine, is very quiet and does not make eye contact
#15 Chinese	Feng Li	OT & PT	Home Care Visit	Male of Chinese decent, s/p BKA	Pt. has strong independent nature, is upset that he cannot currently care for his family, is reluctant to rehab services

# Thank you!

Center for International Rehabilitation Research  
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***Please complete the brief evaluation form:***

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