Shapiro, J, Holiingshead, J and Morrison, E (2003) Medical Teacher 25, 3 Apper Self-perceived attitudes and skills of cultural competence CROSS-CULTURAL DOCTOR-PATIENT COMMUNICATION NEEDS ASSESSMENT Appendix

1.	How relevant are ethnic, 1	racial, and socio	ocultural factors	in your clinic	al care of pation	ents?	
	Not at all	Not very	<del>-</del>	Relevant	-	ly	
2.	How competent do you feel in communicating with patients of different cultural and/or socioeconomic backgrounds?						
	1	2	3	4	5		
	Not at all	Not very	Somewhat	Fairly	Extremel	у	
3.	How competent do you fe	g sociocultural r in blank spac		ations?			
	Not at all	Not very	3 Somewhat	Fairly	Extremely		
	a. Caring for a patient b. Identifying belief with the treatment regime c. Addressing patient d. Being attentive to have different meanings in e. Interpreting different f. Discussing sexua g. Making mental h. Advising a patient one's health.  i. Working with a cethnic or socioeconomic get.	fs that are not e n nts in culturally o nonverbal cue n different cultural ex lity with people ealth referrals v nt to change bel	appropriate was or to the use oures.  pressions of pair in whose cultury which in some chaviors or practi	ys that result in the full result is full training to full training the full results and results are such issues the full results are such issues to full results are such issues are such issues are such as the full results are such as t	n a therapeuti necific gestured d suffering, are highly ser be seen as stig cultural belief	cht interfere c alliance. s that might nsitive gmatizing. s that impair	
4. Please indicate ON THE <u>LEFT SIDE</u> of the item <b>how often</b> you use the freedom communication with patients of different backgrounds. Please indicate C the item <b>how useful</b> you find the following in terms of improving communication backgrounds						GHT SIDE of	
	HOW OFTEN USED			HOW US	RIFITT.		
	1 2 3 Not at all Not very Somewhat 1	4 5 Fairly Very	l Not at all	2	3 4	5 Extremely	

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	1 2 3 4 5		HOW USEFUL					
N	1 2 ot at all Not very Son		5 ery	l Not at all	2 Not very	3 Somewhat	4 Useful	5 Extremely
	j. Summarizi	ng patient's	concerns					
	k. Eliciting t	he patient's s	elf-diagnosis					
_	l. Negotiatin	g treatment p	lan within conto	ext of the p	atient's l	ife		
_	m. Providing	simple, clea	r explanations of	of diagnosis	s and trea	tment		
_	n. Showing r			_				
	o. Using the	patient's prin	nary language v	whenever p	ossible			
_			ifficulties direct					
			ol of the intervi					
	r. Allowing t							
	s. Allowing t							
_	t. Having pat							
	u. Knowing				ackgrour	nd	-	
	v. Other:							
; D1	anna indianta ta 1	ubat autant th	o following and		1	•		***
	ease indicate to valients of differen					in commu	micatir	ig with
pε	1	2	3	mic backgr	ounas?	5		
	Not	_	A moderate	A fointy o		5		<b>.</b>
	a problem	nroblem	nroblem	A lairly S	erious	An extrem		rious
	a prooferii	problem	problem	prooie	5111	prob	lem	
	a. Insuffic	ient time						
-	b. Interpreter does not appear to adequately translate patient and/or physician statements							
					ate patie	nt and or p	ily siele	an statements
<ul> <li>c. Patient talks too much to interpreter</li> <li>d. Interpreter is a child or inappropriate for some reason</li> <li>e. Difficulty establishing rapport and connection with patient</li> <li>f. Patient's history is rambling and disorganized</li> </ul>								
			onsistent or cont		nformatio	on		
h. Patient presents too many problems								
<ul> <li>i. Difficulty getting patient to understand diagnosis</li> <li>j. Difficulty reconciling patient's self-diagnosis with physician diagnosis</li> <li>k. Difficulty getting patient to understand implications of diagnosis</li> <li>l. Patient does not seem to "buy-in" to treatment plan</li> </ul>								
						osis		
m. Patient's cultural beliefs about illness interfere with diagnosis and treatme								
n. Patient uses culturally based alternative therapies that the physician is not fa						t familiar with		
or does not agree with								
<ul> <li>o. Patient does not seem interested in self-care or health maintenance</li> <li>p. Patient appears to agree with physician, but then does not follow-through</li> </ul>								
						throug	h with	
tre	eatment or lifesty							
	q. Patient	does not wan	t to participate	in a partner	ship with	ı physiciar	ì	
_		does not appe	ar to trust the p	hysician				
	s. Other:							

6.	How useful do you thin communication skills v	nk learning abovith patients of 2	out the following f different cultura 3	topics would and/or socio	be in terms of impoeconomic backgro	oroving your ounds?				
	Not at all	Not very	Somewhat	Fairly	Extremely					
		ř		<b>3</b>						
	a. Your own attitudes toward different cultural and/or socioeconomic backgrounds b. Your past experiences with people of different cultural and/or socioeconomic									
		backgrounds								
	c. Health beliefs of people of different cultural and/or socioeconomic backgrounds d. Expectations held by persons from different cultural and/or socioeconomic									
	backgrounds about wha	backgrounds about what a physician should do and how a physician should behave								
			tly and effectivel		reters					
	f. Patient communication and interaction skills									
	What are some potential challenges to integrating ethnic, cultural, and socioeconomic issues into training? (circle all that apply)  a. These issues are already adequately addressed through other forums  b. Lack of interest among learners  c. Lack of interest among faculty  d. Time constraints  e. Lack of relevant didactic materials  f. These issues might offend some people  g. Resentment of having these topics take up limited curricular time  h. Belief that cultural competence can't be taught  i. Other challenges:									
8.	How useful do you thin	nk the followin	g formats would	be to teach co	ross-cultural comm	unication				
	information?	2	3	4	5					
	Not at all	Not very	Somewhat	4 Fairly	5 Extremely					
	Not at all	140t very	Somewhat	railly	Extremely					
	a. Large group lecture									
		b. Small group discussion								
c. One-on-one observation and feedback of your interactions with patientsd. Web-based discussions										
									e. Other web-b	pased teaching