

Quality & Culture Quiz



- 1. Cross-cultural misunderstandings between providers and patients can lead to mistrust and frustration, but are unlikely to have an impact on objectively measured clinical outcomes.**
- a. True
 - b. False
- 2. When the patient and provider come from different cultural backgrounds, the medical history obtained may not be accurate.**
- a. True
 - b. False
- 3. When a provider expects that a patient will understand a condition and follow a regimen, the patient is more likely to do so than if the provider has doubts about the patient.**
- a. True
 - b. False
- 4. A really conscientious health provider can eliminate his or her own prejudices or negative assumptions about certain types of patients.**
- a. True
 - b. False
- 5. When taking a medical history from a patient with a limited ability to speak English, which of the following is LEAST useful?**
- a. Asking questions that require the patient to give a simple “yes” or “no” answer, such as “Do you have trouble breathing?” or “Does your knee hurt?”

- b. Encouraging the patient to give a description of her/his medical situation, and beliefs about health and illness.
- c. Asking the patient whether he or she would like to have a qualified interpreter for the medical visit.
- d. Asking the patient questions such as “How has your condition changed over the past two days?” or “What makes your condition get better or worse?”

6. During a medical interview with a patient from a different cultural background, which is the LEAST useful technique?

- a. Asking questions about what the patient believes about her or his illness - what caused the illness, how severe it is, and what type of treatment is needed.
- b. Gently explaining which beliefs about the illness are not correct.
- c. Explain the “Western” or “American” beliefs about the patient’s illness.
- d. Discussing differences in beliefs without being judgmental.

7. When a patient is not adhering to a prescribed treatment after several visits, which of the following approaches is NOT likely to lead to adherence?

- a. Involving family members.
- b. Repeating the instructions very loudly and several times to emphasize the importance of the treatment.
- c. Agreeing to a compromise in the timing or amount of treatment.
- d. Spending time listening to discussions of folk or alternative remedies.

8. When a patient who has not adhered to a treatment regimen states that s/he cannot afford the medications prescribed, it is appropriate to assume that financial factors are indeed the real reasons and not explore the situation further.

- a. True
- b. False

9. Which of the following are the correct ways to communicate with a patient through an interpreter?

- a. Making eye contact with the interpreter when you are speaking, then looking at the patient while the interpreter is telling the patient what you said.
- b. Speaking slowly, pausing between words.
- c. Asking the interpreter to further explain the patient's statement in order to get a more complete picture of the patient's condition.
- d. None of the above.

10. If a family member speaks English as well as the patient's native language, and is willing to act as interpreter, this is the best possible solution to the problem of interpreting.

- a. True
- b. False

11. Which of the following statements is TRUE?

- a. People who speak the same language have the same culture.
- b. The people living on the African continent share the main features of African culture.
- c. Cultural background, diet, religious, and health practices, as well as language, can differ widely within a given country or part of a country.
- d. An alert provider can usually predict a patient's health behaviors by knowing what country s/he comes from.

12. Which of the following statements is NOT TRUE?

- a. Friendly (non-sexual) physical contact is an important part of communication for many Latin American people.
- b. Many Asian people think it is disrespectful to ask questions of a health provider.
- c. Most African people are either Christian or follow a traditional religion.
- d. Eastern Europeans are highly diverse in terms of customs, language and religion.

13. Which of the following statements is NOT TRUE?

- a. The incidence of complications of diabetes, including lower-limb amputations and end-stage renal disease, among the African-American population is double that of European Americans.
- b. Japanese men who migrate to the US retain their low susceptibility to coronary heart disease.
- c. Hispanic women have a lower incidence of breast cancer than the majority population.
- d. Some Native Americans/American Indians and Pacific Islanders have the highest rate of type II diabetes mellitus in the world.

14. Because Hispanics have a lower incidence of certain cancers than the majority of the US population, their mortality rate from these diseases is correspondingly lower.

- a. True
- b. False

15. Minority and immigrant patients in the US who go to traditional healers and use traditional medicines generally avoid conventional Western treatments.

- a. True
- b. False

16. Providers whose patients are mostly European-American, U.S.-born, and middle-class still need to know about health practices from different world cultures.

- a. True
- b. False

17. Which of the following is good advice for a provider attempting to use and interpret non-verbal communication?

- a. The provider should recognize that a smile may express unhappiness or dissatisfaction in some cultures.
- b. To express sympathy, a health care provider can lightly touch a patient's arm or pat the patient on the back.
- c. If a patient will not make eye contact with a health care provider, it is likely that the patient is hiding the truth.

d. When there is a language barrier, the provider can use hand gestures to bridge the gap.

18. Some symbols—a positive nod of the head, a pointing finger, a “thumbs-up” sign—are universal and can help bridge the language gap.

- a. True
- b. False

19. Out of respect for a patient’s privacy, the provider should always begin a relationship by seeing an adult patient alone and drawing the family in as needed.

- a. True
- b. False

20. In some cultures, it may be appropriate for female relatives to ask the husband of a pregnant woman to sign consent forms or to explain to him the suggested treatment options if the patient agrees and this is legally permissible.

- a. True
- b. False

21. Which of the following is NOT TRUE of an organization that values cultural competence?

- a. The organization employs or has access to professional interpreters that speak all or at least most of the languages of its clients.
- b. The organization posts signs in different languages and has patient education materials in different languages.
- c. The organization tries to hire staff that mirrors the ethnic and cultural mix of its clients.
- d. The organization assumes that professional medical staff does not need to be reminded to treat all patients with respect.

22. A female Muslim patient may avoid eye contact and/or physical contact because:

- a. She doesn't want to spread germs.

- b. Muslim women are taught to be submissive.
- c. Modesty is very important in Islamic tradition.
- d. She doesn't like the provider.

23. Which of the following statements is NOT TRUE?

- a. Diet is an important part of both Islam and Hinduism.
- b. North African countries have health care systems that suffer because of political problems.
- c. Arab people have not historically had an impact on the medical field.

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Reference:

Management Sciences for Health and the US Department of Health and Human Services,

Health Resources and Administration, Bureau of Primary Health Care. *The Provider's*

Guide to Quality & Culture. Boston: Management Sciences for Health 2005.

Available at: <http://erc.msh.org/qualityandculture>.