

Communication Models

Transcultural Assessment Guide (Boyle, 2003)

- Bio-cultural Variations and Cultural Aspects of the Incidence of Disease
 - Does the patient have distinctive features that are characteristic of a particular ethnic or cultural group?
 - How do anatomic, racial, and ethnic variations affect the physical examination?
- Communication
 - What language does the patient speak at home?
 - What is the patient's fluency level in English?
 - Does the patient need an interpreter?
 - What are the patient's styles of nonverbal communication?
 - How do anatomic, racial, and ethnic variations affect the physical examination?
- Cultural Affiliations
 - With what cultural group(s) does the patient identify?
 - Where was the patient born?
 - Where has the patient lived?
- Cultural Sanctions and Restrictions
 - How is modesty expressed by men and women?
 - Does the patient have any cultural beliefs about sexuality, exposure of various body parts, or certain types of surgery?
- Developmental Considerations Restrictions
 - Are there any distinct growth and development characteristics that vary with the patient's cultural background?
 - What are the beliefs and practices associated with developmental life events, such as pregnancy, birth, and death?
- Educational Background
 - What is the patient's highest educational level completed?
 - Can the patient read and write English?
- Health-Related Beliefs and Practices
 - How does the patient describe his or her health condition?
 - Does the patient rely on cultural healers?
- Kinship and Social Networks and Practices
 - Who is within the patient's social network and household?
 - How does the patient's family participate in the promotion of health?
- Values Orientation
 - What are the patient's attitudes, values, and beliefs about his or her illness status?
 - How does the patient view work, leisure, and education?
- Nutrition
 - How are foods prepared at home?
 - Who shops for and chooses food?
 - Do religious beliefs and practices influence the patient's diet?
- Religious Affiliation
 - What is the role of religious beliefs and practices during health and illness?
 - Are there healing rituals or practices that the patient believes can promote health or hasten recovery from illness?

LEARN Model (Berlin & Fowkes, 1983)

L = Listen with sympathy and understanding to the patient's perception of the problem.

E = Explain your perception of the problem.

A = Acknowledge and discuss differences and similarities.

R = Recommend treatment.

N = Negotiate agreement.

BATHE Model (Stuart & Lieberman, 1993)

B = Background: The simple question "What is going on in your life?" elicits the context of the patient's visit.

A = Affect: Asking "How do you feel about what is going on?" or "What is your mood?" allows the patient to report and label the current feeling state.

T = Trouble: "What about the situation troubles you the most?" helps the nurse and patient focus and may reveal the symbolic significance of the illness or event.

H = Handling: "How are you handling that?" gives an assessment of functioning and provides direction for an intervention.

E = Empathy: "That must be very difficult for you" recognizes the patient's feelings and provides psychological support.

ETHNIC Model (Levine, Like, & Gottlieb, 2000)

E = Explanation

- Why do you think you have these symptoms?
- What do friends, family, or others say about these symptoms?
- Do you know anyone else who has had this kind of problem?
- Have you heard about, read about, or seen this problem on television, on the radio, or in the newspaper? (If patients cannot offer explanations, ask what most concerns them).

T = Treatment

- What kinds of medicines, home remedies, or other treatments have you tried for this illness?
- Is there anything you eat, drink, do or avoid on a regular basis to stay healthy? Tell me about it.
- What kind of treatment are you seeking from me?

H = Healers

- Have you sought any advice from alternative/folk healers, friends, or other people (non-doctors) for help with your problems? Tell me about it.

N = Negotiation

- What options are acceptable to both you and me? Make sure these options incorporate your patient's beliefs, not contradict them.
- What are the most important results that you hope to achieve from this treatment?

I = Intervention

- What is the best intervention for you?
- Have we considered alternative treatments, spirituality, and healers as well as other cultural practices (e.g., foods eaten or avoided in general and when sick)?

C = Collaboration

- How can the patient, family members, other health care team members, healers, and community resources collaborate?

Communicating with patients about cultural beliefs and practices helps you understand a patient's illness and care for the patient in the context of his or her culture. It will be helpful for you to find a tool, or mix of tools, that works best for you and your patients.

In case of inadvertently offending a patient, you can recover from the mistake by explaining how the misunderstanding occurred and apologizing to the patient for the offense. Offering a sincere apology can help both you and the patient find a way to address the situation and communicate in a more culturally and linguistically appropriate way. When a cultural misunderstanding happens, act quickly to address the mistake to assure the patient that the health care will be provided in a culturally sensitive way. To lessen the chance that the same mistake will happen again, you should evaluate and change your behavior and learn more about the patient's cultural beliefs and practices.