Table 1

Sample behaviors for each skill in the culturally competent communication model

Culturally competent communication skills	Application of each function of clinical encounter	Useful sample behaviors
Non-verbal behavior skills	Applicable to all functions	• Be on time, don't rush the patient • be attentive; be an active listener - Allow silence; do not interrupt - Use body positioning to indicate interest - Do not read the chart or write notes while patient is talking - Limit touching; respecting preferences for physical space; providing explanation for intruding into personal space - Make eye contact but do not stare or force prolonged eye contact • limit gestures • Mirror patient's facial expression to indicate empathy • React with non-judgmental expressions • Make facilitative responses (nodding, minimal verbal expressions)
Relevant references *for non-verbal skill*		(Barrier, Li, & Jensen, 2003; Coulehan et al., 2007; Epstein, 2006; Shapiro, et al., 2002)
Verbal behavior skills	Establishing relationship	• utilize title and last name unless invited to do otherwise • Indicate concern/interest for <u>patient</u> as an <u>individual</u>: - "Tell me about yourself" - "how's your work at XXX going?" • indicate concern/interest for <u>individual</u> as <u>patient</u>: - "how have you been feeling?" • use non-judgmental verbalizations: (not "why?" but "how", "what", etc. • ask for and reflect observed patient emotion ("how are you feeling about your symptoms?"; "you seem sad [tired, frustrated, unsure]"
	Gathering information	• "what brings you in today?" • reflect what the patient shares (e.g. "sounds like you think…") • summarize; request feedback ("did I get that right?") • "what else do you want to talk about?"

	Managing the problem	• invite questions about your perception of diagnosis and treatment - "do you understand or have questions?" - "stop me if you're not sure what I'm saying"
Relevant references *for verbal skills*		(Berlin & Fowkes, 1983; Carrillo et al., 1999; Eanet & Rauch, 2000; Kagawa-Singer & Kassim-Lakha, 2003; Kleinman, 1988, Thorn and Tirado, 2006)
Recognition of potential cultural differences	Establishing relationship	• attend to patient discomfort • recognize negatively-perceived behavior and assess cause • acknowledge others accompanying patient
	Gathering information	• explore changes in the patient's life, especially for immigrants ("how is medical care different here than in your country?") • assess the patient's explanatory model for the disease and treatment • ask about tangible and community resources • learn about core issues for the patient's cultural group (e.g., "does anyone else need to be involved in your decisions?") • assess factors that contribute to understanding (education, knowledge about disease) ("are you familiar with X?") • assess social context that can influence ability to care for self (e.g., SES, physical living environment), social stressors, literacy and languages • elicit patient preferences for information and decision-making. "are you the type of person who - Wants to know everything, good and bad?" - Prefers to make your own decisions, or do you feel more comfortable following my recommendations?"
	Managing the problem	• ask for the patient's perception of recommended treatment • reflect the patient's perspective; request feedback • acknowledge differences in your perception and the patient's

		perception of problem or treatment. • invite questions "do you understand?"; "do you have questions" • attend to body language and facial expression, silence, and other cues that a patient disagrees or is uncomfortable with diagnosis or treatment
Relevant references *for recognizing cultural differences*		(Berlin & Fowkes, 1983; Carrillo et al., 1999; Eanet & Rauch, 2000; Kagawa-Singer & Kassim-Lakha, 2003; Kleinman, 1988; Lee et al., 2002; Lipkin, Quill and Napodano, 1984; Makoul & Clayman, 2006)
Incorporation of cultural knowledge	Establishing relationship	• utilize previously learned knowledge to: - Guide appropriate non-verbal behaviour - Determine familiarity (e.g., title/last name vs. first name, greeting style) - Include others who are present and according to earlier assessment of their role - Determine probing questions about medical and socio-cultural context • adapt behaviours that created unease to increase patient comfort • Adapt provision of information to patient's preference • Include patient in decision-making to the degree he/she prefers
	Gathering information	• assess degree of difference in patient explanatory model and physician's biomedical model • if necessary, assess patient's flexibility to broaden explanatory model to include biomedical aspects • determine aspects of treatment that you can be more flexible about
	Managing the problem	• discuss diagnosis or treatment options in ways that are consistent with the persons' education, medical knowledge or experience, and explanatory model • acknowledge implications of differences in patient's explanatory model and a biomedical perspective • as possible, incorporate socio-cultural aspects into biomedical explanations of illness and its

		treatment • creatively develop options/plans for treatment that reflect the patients preferences and needs • provide written information that is language/literacy appropriate • monitor patient's understanding of and affective response to information, and reconcile potential misunderstandings
Relevant references *for adapting to cultural knowledge*		(Berlin & Fowkes, 1983; Misra-Hebert, 2003; Reynolds et al., 2005)
Negotiation and collaboration	Establishing relationship	n/a
	Gathering information	• assess the patient's priorities for treatment ("what bothers you the most?") • ask about patient's acceptance of the plan ("how do you feel about this plan?") • assess self-efficacy for carrying out treatment - "do you think you can follow the plan?" - "what would help you?" • assess patient's concerns, expectations - "what worries you most about this diagnosis/treatment?" - How much do you consider risks and long-term complications in your decisions? Or do you want to do whatever it takes?" • assess reluctance to make a choice and reconcile - "you seem reluctant to commit one way or another. Please tell me your concerns." • include patient and family in determination of what information is sought and provided ("what other information is important for me to know that we haven't talked about?")
	Managing the problem	• consider preferences • describe your treatment priorities and justifications • describe tests, procedures, treatments in ways that are consistent with the persons' education, medical knowledge or experience, literacy, and explanatory model

	• offer options and indicate a choice needs to be made; work with patient for shared decisions; affirm choices - "so are you leaning toward X treatment or Y?" - "so you want to take medicine X, but not Y? If we can find you a discounted rate, would you consider doing that next month?" • work with other family members • demonstrate a willingness to work with alternative healers or treatments • supply information about community resources
Relevant references *for negotiating and collaborating*	Berlin & Fowkes, 1983; Carrillo et al., 1999; Lee et al., 2002; Levin et al., 1998; Makoul & Clayman, 2006)