**THE CULTURAL SENSITIVITY AND AWARENESS CHECKLIST**

**1. Communication method: Identify the patient's preferred method of communication. Make necessary arrangements if translators are needed.**

Miscommunication occurs frequently between health care professionals and patients, a problem that is intensified by language barriers. About 14% of the USA population do not speak English at home. Of the people who speak a language other than English at home, 47% say they have difficulty speaking English. Assuring information is conveyed and received as intended must consistently be a top priority. Translators are commonly utilized in the health care profession. A potential problem associated with use of translators is that respondents often experienced communication as one-way rather than two-way”. Care should be taken to compensate for this effect.

**2. Language barriers: Identify potential language barriers (verbal and nonverbal). List possible compensations.**

Non-verbal communication plays an essential role when people are exchanging information. Like the old adage indicates: *you cannot, not communicate*. Communication experts routinely emphasize the significance of understanding the intricacies of non-verbal communication. Most of what we understand is conveyed by non-verbal cues—it is not what we say but how we say it. All of us use these cues to aid clarification during complicated situations. We should all learn how *we* convey information non-verbally to avoid expressing personal biases.

**3. Cultural identification: Identify the patient's culture. Contact your organization’s culturally specific support team (CSST) for assistance.**

If your organization does not already have one, form a culturally specific support team. The CSST is composed of people who are able to represent various cultures and ethnic groups, preferably people who are actually members of the specific groups. This is not always possible, and when it is not, the next best thing is to have someone who is familiar with and sensitive to the culture or ethnic group and its customs.

**4. Comprehension: Double-check: Does the patient and/or family comprehend the situation at hand?**

Remember, nodding and indicating some type of affirmative response does not necessarily guarantee understanding has been achieved. Re-explaining is useful and facilitates comprehension, particularly during times of stress. Effective communication launches effective care. One useful technique is to gently ask the patient or family member to convey the information, in his/her own words, before concluding that he/she understands.

**5. Beliefs: Identify religious/spiritual beliefs. Make appropriate support contacts.**

Religious/spiritual beliefs play an important and powerful role in recovery. We found in our study of superior recovery that religion/spirituality is one of the characteristics that contributes to a successful recovery. Patients and families often attribute successful recovery, as well as survival, to these types of beliefs Contact community resources appropriate for the identified belief system.

**6. Trust: Double-check: Does the patient and/or family appear to trust the caregivers? Remember to watch for both verbal and non-verbal cues. If not, seek advice from the CSST.**

A study by the brain injury rehabilitation unit (BIRU) at Liverpool Hospital in Australia found that “good communication leading to the establishment of trust” seemed to be more important to the participants than the expertise of the professional. “A good professional is one you can trust.” Lack of trust can impede achieving the best possible outcomes because the patient and family might withhold essential health-related information. Another trust-related impediment occurs when patients and families fail to follow crucial instructions or do not believe recovery can be achieved.

**7. Recovery: Double-check: Does the patient and/or family have misconceptions or unrealistic views about the caregivers, treatment, or recovery process? Make necessary adjustments.**

Give those involved enough time to process information received and to gain familiarity with the situation. Later, allow more time to for any questions that will help clarify the circumstances. Patients and their families routinely experience misconceptions or form unrealistic expectations that can impair the ability to make the wisest decisions. Help guide appropriate conceptions.

**8. Diet: Address culture-specific dietary considerations.**

Certain cultures and ethnic groups include very specific dietary regulations. As nutritionists have long stressed, appropriate nutrition is vital to optimum recovery. Simple dietary modifications can be made that will respond to these needs. As an added bonus, this action will convey respect for the particular culture or ethnic group, thus raising comfort level and trust.

**9. Assessments: Conduct assessments with cultural sensitivity in mind. Watch for inaccuracies.**

Be aware of potential differences in culturally accepted emotional expression and verbalizations of private information. For cognitive assessments, tests must be analyzed to identify culturally specific questions and modified accordingly. Even subtle differences can profoundly influence assessments. Ask the CSST to review both medical and cognitive assessment practices.

**10. Health care provider bias: We have biases and prejudices. Examine and recognize yours.**

It is a fact of life that prejudice and bias exist. Those who deny it are most afflicted. Identifying and recognizing this will help control its expression. To accomplish cultural awareness effectively “the health care professional must first understand his or her own cultural background and explore possible biases or prejudices toward other cultures”. Upon close examination of prejudice, bias, and their sources, it appears that fear is the foundation. Work to overcome these fears; education will facilitate the process.