



Cultural Competency Framework

<p>Intercultural Concepts</p> <ul style="list-style-type: none"> ◆ Culture is important in every patient’s identity ◆ Communication of cultural understanding and respect is essential for establishing rapport and confidence ◆ Culture-related stresses and tensions can induce illness ◆ Culture-related behaviors (e.g., religion, diet) affect a patient’s acceptance of and adherence to prescribed therapy ◆ Nonverbal and verbal communication may differ from culture to culture 	<p>Knowledge</p> <p>(Should be specific for each culture represented and include the following)</p> <ul style="list-style-type: none"> ◆ Common dietary habits, foods, and their nutritional components ◆ Predominant cultural values, health practices, traditional health beliefs ◆ Family structure—patriarchal vs. matriarchal; nuclear vs. extended; role of individual members ◆ Effect of religion on health beliefs and practices ◆ Customs and attitudes surrounding death ◆ Significance of common verbal and nonverbal communication ◆ Awareness of the culture shock experienced by the very poor and immigrants on entering modern health centers ◆ Awareness of prevailing cross-cultural tensions and psychosocial issues
<p>Intercultural Skills</p> <p>(Should be specific for each culture represented and include the following)</p> <ul style="list-style-type: none"> ◆ Communicate an understanding of patient’s culture ◆ Elicit patient’s understanding of patient’s culture ◆ Recognize culture-related health problems ◆ Negotiate a culturally relevant care plan with patient as partner ◆ Interpret verbal and nonverbal behaviors in a culturally relevant manner ◆ Have basic or essential language proficiency ◆ Apply principles of clinical epidemiology to common illnesses 	
<p>Intercultural Attitudes</p> <ul style="list-style-type: none"> ◆ Recognize the importance of the patient’s cultural background and environment when constructing an approach to an illness ◆ Acknowledge the patient’s role as an active participant in his or her care ◆ Accept responsibility for the patient who has few support systems; avoid the “what can I do?” attitude when facing a patient in abject poverty or with language barriers 	

The content for this was excerpted from the U.S. Department of Health and Human Services, Office of Minority Health. *A Physician’s Practical Guide to Culturally Competent Care*. Available at: <https://cccm.thinkculturalhealth.hhs.gov>.