

2012 Cultural Competency Series

The Cultural Competency series tells the stories of UPMC employees who put patients and others first, by being culturally competent and by recognizing each other's differences.

When you aren't feeling well, describing what's wrong can be a challenge. "It hurts" might be a good start, but only a start, and explaining exactly what's troubling you is crucial to receiving proper care.

Now imagine how hard it would be if you didn't speak the local language and no one at the medical facility could speak your language. Would you be able to convey what your symptoms are, and would you understand the questions and advice of your caregiver? Or would the language barrier make you think twice about seeking help? Would you just stay home and hope your condition got better without medical care?

Forgoing medical care out of fear is never an acceptable outcome, and that's a situation UPMC Centers for Rehab Services (CRS) did not accept when patients who did not speak English began visiting two of their locations. The Jewish Community Center of Pittsburgh had been assisting recent immigrants from Nepal, and **Craig Doman**, facility director for the downtown CRS location, helped get several people into rehabilitation therapy. But since very few of them could speak any English, they found it difficult to provide their medical history or comprehend their consent for treatment or patient's rights forms.

Mr. Doman asked **Nüket Curran**, director, Quality and Risk Management for CRS, to help him select which forms were most important and needed translation for non-English speakers. Mr. Curran worked with UPMC International Patient Relations Interpretation Services to have the forms translated so that Nepali patients could complete them before coming to therapy.

"From a health care standpoint it seems like common sense," Mr. Curran says. "You need to communicate what your needs are, and understanding how to communicate

those needs is essential. The challenge for these patients is, how do you do that?"

This isn't the first time a CRS office found itself needing translation assistance to give proper care. A similar situation happened at the Squirrel Hill location, says **Jeffrey Rothman**, the facility director there. "About four years ago, I noticed that 5 to 7 percent of our patients were Russian-speaking people and there was some trepidation on their part. They would bring in a spouse or a family member to serve as an interpreter. I thought it would be helpful to have our documents translated to make it easier for them, and it has worked out very well."

After completing their forms, patients and staff use CyraCom, an over-the-phone translation and interpretation service, which allows the patient and therapist to make sure that they have the basic information correct, and that the patient's symptoms are properly understood. Having accurate information on these forms can help CRS staff identify an issue a doctor should be made aware of.

"We had a patient referred for physical therapy who indicated on his medical history form that he had chest pain when he did physical therapy," Mr. Doman says. "He'd never had a cardiology workup, and without the translated questions on his medical history, his symptoms might not have been noticed by anyone."

As patients receive therapy and care, they also can find themselves feeling more included in their community. Making the effort to understand and appreciate another person's culture can make them feel much more secure. "I've learned a lot of conversational Russian and they seem mildly impressed," Mr. Rothman says. "It goes a long way toward welcoming them into our office. Just being able to say hello and goodbye can help break the ice and make them feel more comfortable."

That effort is often reciprocated. "One patient who was with us enrolled in English classes," Mr. Doman says. "The translated

forms we had helped to bridge that communications gap, but as time went by and the patient returned for visits, he was able to speak a few words of English. It was amazing how people were able to connect with him."

Once a patient has a positive and culturally competent experience, word travels fast. "There's been an increase in the number of folks we've seen since this was developed," Mr. Rothman says. "They'll mention it to a friend, and we've had several patients return with someone new for us to see. That's a compliment we always appreciate."

*The best way to encourage cultural competency is by sharing outstanding examples. If you or someone you work with has helped a patient with special needs, tell us about it. Email your story to inclusion@upmc.edu. If chosen, your story will be included in the Cultural Competency series in Extra. By celebrating Dignity & Respect Tip 11, Treat people the way **they** want to be treated, we ensure that inclusion is at the core of everything we do.*