

Cultural assessment (m3c)



**ASSIGN
BUSTER**

Quality and Culture Quiz The score I obtained from after answering all questions of this quiz was below than what I expected. Most of the answers I did wrong were of the general knowledge group which I will discuss in the next section of this paper, and some were about the therapist's treatment procedure while dealing with a patient of a different culture. I attribute this discrepancy of mine to my lack of general knowledge about cultural diversity and how people of different cultures behave and what difficulties they encounter when they go to a physician and explain their illness. The questions I answered right were mostly those which I did using my common sense like how should a physician help the patient understand the illness and the treatment procedure with or without an interpreter. 2. I hit 13 wrong answers. I thought cross-cultural misunderstanding between the provider and patient is not related to clinical outcomes (q. 1), but actually it affects diagnosis. I assumed that a really conscientious health provider can eliminate his or her own prejudices or negative assumptions about certain types of patients (q. 4), but it is false. I assumed that speaking slowly was the best way for the provider to talk to the patient through interpreter (q. 9), but it is false. I thought having a family member as an interpreter is the best solution (q. 10), but since they lack technical knowledge, it is not the best solution. I thought that the provider can predict patients' health behaviors if he is aware of the latter's culture (q. 11), which is false. I thought that friendly contact is not an important part of Latin American people's communication (q. 12), when it is. When Japanese men go to US, they do not retain their susceptibility to heart disease (q. 13), but I thought they did. I thought that since Hispanics have a lower incidence of certain cancers than the majority of the US population, their mortality rate from these diseases is

correspondingly lower (q. 14), but this is not true. I thought that minority and immigrant patients in the US who go to traditional healers and use traditional medicines generally avoid conventional Western treatments (q. 15), but this is false. Providers whose patients are mostly European-American, U. S.-born, and middle-class do not need to know about health practices from different world cultures (q. 16), whereas I thought they did not. I thought touch was a good non-verbal communication from the provider (q. 17), when the correct answer was the he must know that smile in some cultures represents sorrow. I thought that some universal symbols fill the cultural gap (q. 18), but actually they do not. I thought that the provider should see the patient alone to respect privacy (q. 19), but this is false. As I said, I attribute the wrong answers to my lack of general knowledge. The rest 10 questions were those which I answered correctly. 3. To remove my deficiencies, I will try to increase my knowledge about different cultures through reading and attending cultural classes. To maintain my proficiencies, I will try to practice them practically to enhance my skills and knowledge.