

Cultural Competence Test for Healthcare Providers  
With Answers

1. T F

A responsible healthcare provider can eliminate his or her own prejudices or negative thoughts about certain types of patients.

Answer: False. It is natural for human beings to have prejudices or automatic thoughts about one another based on characteristics such as race, ethnicity, gender, age, religion, sexual orientation, body type, clothing, etc. These thoughts are based upon common stereotypes portrayed in the media, something you were taught as a child, or a memorable experience you had with someone. It is extremely difficult to eliminate these thoughts but a responsible person can “manage their prejudices” through self-awareness and a commitment to treat others fairly, regardless of the automatic thoughts or feelings you experience.

2. T F

You should trust your first impression of someone because it’s the most accurate.

Answer: False. Your first impression of someone is influenced by your past experiences. The person may remind you of someone you have known in the past, someone you have seen on television, or someone your mother told you about. The person may be completely different from the memory he or she triggers in your mind. It’s important to be open to new information that may completely change your first impression of someone.

3. T F

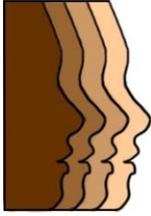
While the patient-provider rapport is important for patient satisfaction, clinical outcomes are determined by the accuracy of the diagnosis and effectiveness of the treatment, rather than the rapport between the provider and patient.

Answer: False. Visits in which patients and physicians report they like each other resulted in better patient health one-year after the visit.<sup>1</sup>

4. T F

The most effective way to ensure the patient understands how to take prescribed medicine is to ask in a warm and friendly manner, “Do you have any questions?”

Answer: False. Many patients are reluctant to ask questions even when they don’t understand what they have been told. Alternatively, many *believe* they understand the instructions and make errors. Patients may be able to repeat instructions, word for word, without



understanding what they mean. The only way to ensure that a patient has understood medical advice is to have them explain it *in their own words*.

5. T F  
In some cultures people believe that talking about illness and death will cause it to happen.

Answer: True

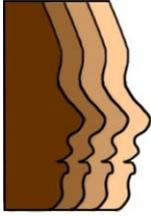
6. T F  
Forty percent of people in Guatemala speak a language other than Spanish as their primary language and many don't consider themselves Hispanic or Latino.

Answer: True. The people of Latin America represent a range of racial and ethnic groups. They are descendants of Europeans; Indigenous people; Africans; and less commonly, people from other parts of the world. Latin America has indigenous communities where people retain the language and cultural identity they had before the Europeans arrived. The same principle is true of many countries in the world – the people within countries are racially and ethnically diverse.

7. T F  
Some studies show that patients prefer healthcare providers who are similar to them racially and ethnically, however, other research shows that patient satisfaction is more closely tied to having a provider of any race who listens to them.

Answer: True. While racial concordance has been shown to be important to patients, other research shows that patient satisfaction and commitment to treatment is more closely tied to having a provider who listens to the patient and establishes a rapport, even if the provider is of a different race. <sup>ii</sup>

8. Which of the following is most often true?  
a. If the patient does not speak English, it's better to ask a bilingual family member to interpret than to rely on an interpreter who doesn't know the patient's history.  
b. As long as the family member is truly bilingual, he will be able to interpret accurately.  
c. Family members should not be used to interpret medical information, except in an emergency when no other interpreter is available.



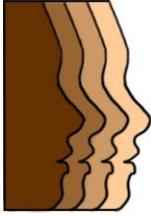
Answer: C. Untrained interpreters frequently make errors even when they are bilingual. They omit part of what the patient or healthcare provider said; they add their own opinions; and they change the message. They may not know medical terms in English or in the other language. Family members may intentionally withhold information from the patient or healthcare provider.

9. Which of the following is most often true?
- If two people are from the same country and speak the same language, they share the same culture.
  - People of the same race share the same culture.
  - Level of education can affect culture as much as race and country of origin.

Answer: C. Within any country, language group, or racial group, there is great diversity in beliefs, values, and practices based on many factors such as educational levels, local customs, and personal life experiences.

10. Which of the following is true?
- According to the National Community Pharmacists Association, 10% of patients report not always taking their medications as prescribed.
  - Patients take medicine as prescribed when they perceive the benefits to be greater than monetary costs, side effects, and inconvenience.
  - If the patient can repeat the medical instructions word for word, it proves that she understands how to take medications at home.

Answer: B. The National Community Pharmacists Association reports that 76% of patients report not always taking their medications as prescribed.<sup>iii</sup> The rate is higher for patients with limited English proficiency (LEP). While understanding is only one factor associated with medication adherence, it is important for healthcare providers to ensure that patients understand instructions and the benefit of the medication. Patients can repeat instructions word for word without understanding what they are saying. The only way to confirm that a patient understands how to take medications at home is to have them explain it in their own words or to demonstrate what they are going to do.



11. Which of the following is most often true?

- a. Stereotypes are true of some individuals within a racial or ethnic group.
- b. A person who is secretly prejudiced regarding certain types of people should not be working in health care.
- c. Most educated and moral people are not prejudiced.

Answer: A. Stereotypes may be true of some individuals within a racial or ethnic group and untrue of others in that group. Stereotypes are propagated in the media and have a powerful impact on society. Most people have conscious or unconscious prejudices or biases, often association with common stereotypes. Healthcare professionals need to “manage their prejudices,” by putting effort into recognizing that each person is a unique individual who may or may not think and behave consistently with a stereotype.

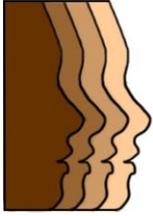
12. Which of the following is NOT true?

- a. A culturally competent healthcare provider worker asks a lot of open-ended questions.
- b. Patients are more likely to adhere to medical advice when they actively participate in developing the treatment plan.
- c. In order to be culturally competent, it is essential for a healthcare provider to study the traditions, holidays, and beliefs of the cultural groups he or she is working with.

Answer: C. Although it is helpful to know about the traditions, holidays, and beliefs of different groups, healthcare providers should recognize that the individual patient may not share the common beliefs and practices of the cultural group he or she is associated with. To improve adherence, it is important to ask questions that encourage the patient to speak about personal concerns that may affect adherence to medical advice. There are several useful tools to guide the healthcare provider in establishing trust, and negotiating a treatment plan that the patient understands and it motivated to follow. <sup>iv, v</sup>

13. Which of the following is most often true?

- a. A provider should demonstrate acceptance of folkloric or traditional healing practices, unless the health practice is harmful.
- b. Once they see how effective modern medicine is in the US, most people forget the traditional healing methods they used in their home countries.



- c. Herbal remedies are harmless, since they're natural.

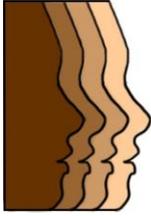
Answer: A. Patients are not likely to change a belief that they learned from trusted family members and authorities in their communities. They are more likely to listen to information from professional healthcare providers if they feel their own traditions are being respected. Healthcare providers should show interest in the patient's health beliefs and practices and, AFTER listening to the patient, present a treatment plan to add to traditional practices. This is more complicated if the traditional remedy is a pharmacologically active substance that is harmful or that interacts with prescribed medication. Getting someone to stop using a traditional remedy requires trust. Healthcare providers should engage the patient's family and respected members of the community to discuss eliminating or at least reducing harmful practices. Healthcare providers can learn more about herbal remedies and other traditional practices from the National Center for Complementary and Integrative Health:

<https://nccih.nih.gov/>

14. During a medical visit with a patient with a limited ability to speak English, which of the following is LEAST useful?
- Asking questions that require the patient to give a simple "yes" or "no" answer, such as "Do you have trouble breathing?" or "Does your knee hurt?"
  - Asking the patient to explain in his or her own words how to take the medication at home.
  - Asking the patient whether he or she would like to have a qualified interpreter for the medical visit.

Answer: A. A patient with limited English may answer "yes" or "no" without understanding the question. Healthcare providers should consider the potential for dangerous misunderstandings when an interpreter is not present. Further, many healthcare providers are required by law to offer a qualified interpreter. With regard to patient adherence, the only way to ensure patients have understood instructions is to have them explain the instructions in their own words, either directly, or through a qualified interpreter.

15. Which of the following are the correct ways to communicate with a patient through an interpreter?
- Make eye contact with the interpreter when you are speaking, then look at the patient while the interpreter is telling the patient what you said.
  - Speak for a few minutes and then pause for the interpretation.
  - Rely upon the interpreter to explain the patient's statement.
  - None of the above.



Answer: D. The job of the interpreter is to help the healthcare provider and patient to communicate with one another almost as if they were speaking the same language. This works best when the provider looks at the patient. The provider should speak in one or two sentences and then pause for the interpreter. If the provider or patient speaks too long, the interpreter will forget part of the message. If the patient's statement is not clear, the provider should direct the interpreter to ask the patient to clarify what he or she meant. The provider should tell the interpreter to keep his or her opinion entirely separate from what the patient is saying so there is no confusion about who is saying what.

16. Which of the following is true:

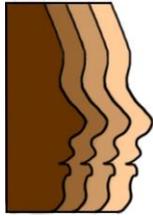
- a. Muslims are an ethnically diverse group of people who come from throughout the world including the Middle East, Europe, Asia, Africa, the Caribbean, and the United States.
- b. Some Muslim women are assertive leaders who address men as equals.
- c. Some Muslims believe that eye contact between a man and a woman is a form of flirting and consequently some Muslim women avoid eye contact with men.
- d. All of the Above

Answer: D. There is great cultural diversity among people who identify themselves as Muslim.

17. Which of the following is true about people who identify as LGBTQ?

- a. The rate of suicide attempts is 4 times greater for LGB youth than that of straight youth.
- b. In a national study, forty percent of transgender adults reported having made a suicide attempt.
- c. The children of same sex parents have similar social and emotional outcomes as children of heterosexual parents.
- d. All of the Above

Answer: D. All of the above.<sup>vi vii viii</sup>



*Florida*  
**Center for Cultural  
Competence, Inc.**  
*Appreciating our Similarities and Differences*

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<sup>i</sup> Liking in the physician-patient relationship Authors: Hall J.A.1; Horgan T.G.; Stein T.S.; Roter D.L. Patient Education and Counseling, Volume 48, Number 1, September 2002 , pp. 69-77(9) Elsevier

<sup>ii</sup> Richard L. Street, Jr, PhD, et.al. Understanding Concordance in Patient Physician Relationships: Personal and Ethnic Dimensions of Shared Identity, *Ann Fam Med* 2008;6:198-205.

<sup>iii</sup> Medication Adherence in America: A National Report Card. National Community Pharmacists Association, 2013. [http://www.ncpa.co/adherence/AdherenceReportCard\\_Full.pdf](http://www.ncpa.co/adherence/AdherenceReportCard_Full.pdf)

<sup>iv</sup> Carol Mostow, LICSW et. al., Treating and Precepting with RESPECT: A Relational Model Addressing Race, Ethnicity, and Culture in Medical Training, *J Gen Intern Med* 25(Suppl2):146–54, 2010

<sup>v</sup> Levin S, Like R, Gottlieb J. ETHNIC: a framework for culturally competent clinical practice. In Appendix: useful clinical interviewing mnemonics. *Patient Care*. 2000;34(9):188–9.

<sup>vi</sup> CDC. (2016). Sexual Identity, Sex of Sexual Contacts, and Health-Risk Behaviors among Students in Grades 9-12: Youth Risk Behavior Surveillance. Atlanta, GA: U.S. Department of Health and Human Services, as reported by The Trevor Project <http://www.thetrevorproject.org/pages/facts-about-suicide>. Accessed 4/12/17

<sup>vii</sup> James, S.E. et.al. The Report of the 2015 U.S. Transgender Survey. Washington, DC. National Center for Transgender Equality, as reported by The Trevor Project <http://www.thetrevorproject.org/pages/facts-about-suicide>. Accessed 4/12/17

<sup>viii</sup> Sadie F. Dingfelder “The Kids Are Alright,” American Psychological Association <http://www.apa.org/monitor/dec05/kids.aspx>. Accessed 4/12/17