

# Care CEUs

## Cultural Competence in Healthcare

### 1. Which of the following best defines cultural competence in healthcare?

- A. A set of congruent behaviors, attitudes, and policies that come together to enable effective work in cross-cultural situations
  - B. Acknowledging the different customs and beliefs of others without integrating these considerations into care
  - C. The ability to speak multiple languages and understand different medical terminologies
  - D. The implementation of Western medical practices in all healthcare settings regardless of cultural differences
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### 2. A nurse is working in a community that has recently welcomed refugees. What aspect of cultural competence should the nurse focus on to improve care?

- A. Identifying their own biases and reflecting on personal traditions and belief systems
  - B. Learning about the healthcare system of the patient's country of origin to understand expectations for care
  - C. Making sure all patients follow the same medical regimen to ensure consistency
  - D. Ensuring that language interpretation services are unnecessary
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### 3. What could have prevented Janet's implicit bias in the case study involving Mr. Lewis' pain management?

- A. More explicit instruction on universal pain management techniques
  - B. Assumption that Mr. Lewis' culture does not require pain medications
  - C. Further cultural competence education and self-assessment to recognize her own background and bias
  - D. Assuming that patients from the same ethnicity experience pain the same way
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### 4. Which of the following health disparities is most impacted by implicit bias in healthcare professionals?

- A. Increased rates of chronic illnesses among racial minorities
  - B. Difficulty in overcoming language barriers in patient communication
  - C. Disparities in access to advanced medical technology
  - D. Higher healthcare costs for non-citizens
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### 5. In integrating cultural competence into patient care, which approach is NOT generally part of this integration?

- A. Valuing the diversity of patients and using those insights to improve care outcomes
  - B. Relying on personal cultural assumptions when planning patient care
  - C. Utilizing patient-centered care to consider cultural factors in care plans
  - D. Learning about various cultures and integrating these understandings into physical assessments
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**6. Which statement is critical to avoid assuming cultural beliefs about healthcare?**

- A. People of the same ethnic background will always hold similar healthcare beliefs.
  - B. Subcultures within racial or ethnic groups can affect healthcare practices.
  - C. All people from the same geographic region share identical health beliefs.
  - D. Healthcare beliefs are primarily defined by language and religion.
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**7. Which health disparity is significantly higher among rural populations compared to urban populations in the US?**

- A. Infant mortality rate
  - B. COVID-19 vaccination rate
  - C. Preterm birth rate
  - D. Lung cancer deaths
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**8. What specific tool did the National Center for Cultural Competence develop to address health disparities by enhancing cultural competence skills?**

- A. Self-Assessment Inclusion Scale
  - B. Lesbian, Gay, and Bisexual Knowledge and Attitudes Scale for Heterosexuals
  - C. Cultural and Linguistic Competence Health Practitioner Assessment
  - D. Riddle Scale
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**9. A study found that a culturally appropriate diabetes education program improved the health outcomes of Mexican American residents by including which component?**

- A. A focus on technological advancements in diabetes care.
  - B. Culturally appropriate interventions and bilingual education.
  - C. Strict adherence to Western medical practices.
  - D. Exclusive use of English-language materials.
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**10. Which of the following is an example of a health disparity among the LGBTQ+ community?**

- A. Higher rates of suicide compared to their heterosexual peers.
  - B. Lower incidence of mental health issues than their non-LGBTQ+ counterparts.
  - C. More frequent use of preventative health services.
  - D. Greater access to specialized healthcare providers.
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**11. What is an essential first step in developing cultural competence as mentioned in Section 6?**

- A. Attending local cultural events
  - B. Engaging in self-discovery and intentional self-education
  - C. Asking patients for their preferred language
  - D. Interacting with diverse groups
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**12. Which of the following represents the most effective way to communicate with a patient using an interpreter?**

- A. Only talk to the interpreter to ensure clarity
  - B. Ask the patient to use a family member as the interpreter
  - C. Speak directly to the patient and use concise, jargon-free language
  - D. Stand next to the interpreter and avoid facing the patient
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**13. According to the 4C's of Culture approach, what should a healthcare worker understand about a patient's condition when asking 'What do you call your problem?'?**

- A. How the patient describes their symptoms in medical terms
  - B. The cultural meaning behind the patient's symptoms
  - C. The medical history related to the symptoms
  - D. The treatment options the patient wants to avoid
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**14. In the case of Mr. Kovalenko, a recent immigrant dealing with transition stress, which is NOT one of the four key components of transition planning?**

- A. Recognize the transition stress
  - B. Understand why transition stress occurs
  - C. Encourage complete independence immediately
  - D. Personalize the response to transition stress
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**15. In the case of Mr. Sanchez, how could Mason have improved his cultural competence to prevent the readmission?**

- A. Reviewed medication changes more slowly
  - B. Provided discharge instructions in Spanish and used a language interpreter
  - C. Gave him more time to ask questions
  - D. Provided additional printed materials for reading at home
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**16. Which cultural consideration is relevant when providing healthcare to a patient of Asian background?**

- A. Patients may prefer direct eye contact as a sign of trust.

- B. Comfort measures might be initially refused as a sign of politeness but can be accepted if offered again.
  - C. Families typically delegate medical decision-making to the youngest member.
  - D. Pain and discomfort are usually openly expressed.
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**17. What is an effective way for healthcare workers to develop cultural competence and mitigate implicit biases?**

- A. By exclusively attending cultural competency workshops and training sessions.
  - B. By solely relying on patient surveys and feedback forms.
  - C. By reviewing literature, reading books, and interacting with diverse cultures outside the healthcare setting.
  - D. By depending on coworker insights and experiences alone.
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**18. In the case study of Mrs. Green, what was the critical cultural component that Tony incorporated to improve her engagement in her care?**

- A. Discussing the prognosis with her immediately.
  - B. Recommending her to start a new medication.
  - C. Connecting her with her church's online service to maintain her cultural routine.
  - D. Increasing her physical and occupational therapy sessions.
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**19. How does self-assessment help healthcare workers enhance their cultural competence?**

- A. By solely focusing on clinical skills improvements.
  - B. By revealing their cultural competence level and implicit biases.
  - C. By providing a way to avoid any cultural differences in patient care.
  - D. By confirming that the patient shares the healthcare worker's cultural beliefs.
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**20. Why is it important to avoid making assumptions about a patient's cultural preferences?**

- A. Assumptions guarantee better communication with the patient.
  - B. Assumptions can lead to stereotyping, mistrust, and inaccuracies in care.
  - C. Assumptions help save time by bypassing unnecessary questions.
  - D. Assumptions ensure standardized treatment protocols are followed.
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