



DIVISION OF HEALTH CARE COMMUNICATION,  
COLLEGE OF HEALTH DISCIPLINES

# CROSS-CULTURAL COMMUNICATION IN HEALTH CARE EDUCATION

A COURSE MANUAL FOR STUDENTS AND TEACHERS

Samantha Van Staaldin, Project Coordinator  
Angela Towle, Co-Director  
William Godolphin, Co-Director  
Andrew Laing, Research Assistant

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UBC College of Health Disciplines  
Division of Health Care Communication  
Suite 400 - 2194 Health Sciences Mall  
Vancouver, B.C., Canada  
V6T 1Z3  
Phone: (604) 822-8002  
Fax: (604) 822-2495  
Email: [isdm@interchange.ubc.ca](mailto:isdm@interchange.ubc.ca)  
Web: <http://www.health-disciplines.ubc.ca/DHCC/index.html>



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## PREFACE

*Cross-Cultural Communication in Health Care Education: A Course Manual for Students and Teachers* is a curriculum designed to provide health care professionals with the knowledge and skills they need to provide care to a culturally diverse society. It strives to reinforce and build upon the principles of communication by introducing the relevance of culture to clinical interactions. It is our belief that by becoming more culturally sensitive communicators, students will become more effective clinicians.

The College of Health Disciplines is an affiliation of seven faculties at the University of British Columbia. It provides leadership in developing and maintaining effective collaboration, interdisciplinary and interprofessional understanding, and shared communication among health and human service programmes and other units of the University, and between the external community and the University. The mission of the Division of Health Care Communication is to improve client involvement in health care decision making through collaborative research & program development. This curriculum represents our most recent effort at improving the exchange between clinician and client as a means of pursuing a more optimal health care environment for everyone.

Development of this curriculum would not have been possible without the generous financial support of the Teaching and Learning Enhancement Fund and Special Populations Grant. Our thanks goes out to all of the students, clinicians and community members who donated their time as focus group participants; their insights and experiences were essential to the shaping of each of the modules. We thank Mackie Chase of the UBC Centre for Intercultural Communication for her expert consultation throughout the course of this project, and Fenella Sung of the Society of Interpreters and Translators of British Columbia for her invaluable guidance and advice during the development of Module IV. We also gratefully acknowledge Sunita Mutha, MD, FACP, Carol Allen, MA and Melissa Welch, MD, MPH, the authors of *Toward Culturally Competent Care: A Toolbox for Teaching Communication Strategies* (2002), whose work strongly influenced the direction of this curriculum and is included in portions throughout (see the References page following each module for detailed acknowledgments).

We hope you enjoy this journey through culture in health care, and wish you success in all of your educational endeavors.

Samantha Van Staalduinen  
 Angela Towle, Ph.D  
 William Godolphin, Ph.D  
 Andrew Laing, M.Sc.

Division of Health Care Communication  
 College of Health Disciplines  
 University of British Columbia





## HOW TO USE THIS CURRICULUM

The four modules that comprise this curriculum have each been split into three-hour blocks, with each block further divided into sections so as to allow for maximum versatility. It is recommended that instructors teach all four modules in the order they are presented, but each one is also capable of standing alone.

We appreciate the time limitations experienced by many professional health program curricula, and have kept this in mind when developing these modules. Sections from each module may be omitted or built upon, depending on time available and the needs of the instructor and the students. We expect that many instructors will not have time to incorporate each of the modules in full, and we encourage the mixing and matching of module sections in a way that best compliments existing communications training. For example, instructors may choose to teach several sections from the Introduction to Cultural Competency module, followed by a blend of activities from the Culture in Health Care and Role of the Family and Community modules. Likewise, only one hour may be available for training on the use of interpreters in health care, in which case the instructor may choose to do the instructional video activity followed by the distribution of provided handouts to reinforce the concepts introduced. Time estimates for each section and activity have been provided to aid instructors in their planning.

The modules have been written to the student, interspersed with hints and guidelines written to the instructor as denoted by the **blue box**. We encourage users to make these modules their own, and have provided wide margins on each page to allow room for notes and suggested changes.

### STANDARDIZED PATIENT SCENARIOS

Standardized Patient (SP) scenarios for these modules were in the early planning stages at the time of printing; see the UBC Standardized Patient Program Director for more information on scenarios appropriate for use in these modules.