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Sociocultural Women's Health

Department of Obstetrics and Gynecology



SPPI Program

Sociocultural Women's Health

An educational exercise with a Standardized Patient emphasizing effective communication with patients from different backgrounds and their beliefs about their health and medical treatment.

Intended Learning Outcomes for the Sociocultural Women's Health SP Interview

The Sociocultural Women's Health exercise has been designed to accomplish two major objectives:

- 1) To provide you with the opportunity to practice your medical interviewing technique and to receive immediate feedback on your performance.
- 2) To assist you in developing your ability to effectively communicate with patients from different backgrounds/cultures and to understand how a patient's **sociocultural** context molds beliefs about and can create barriers to medical treatment.

Intended Learning Outcomes (ILOs):

ILOs inform you of the knowledge, skills and professional behaviors the faculty expect you to be able to display as a result of this exercise. The SPs will assess your performance in each of the following areas:

Knowledge:

- 1) Students should know the appropriate components of a gynecological health and relevant general health history.
- 2) Students should know appropriate alternative treatments or resources to offer the patient.

Skills:

Students should demonstrate the ability to:

- 1) Establish and maintain rapport with the patient.
- 2) Elicit a gynecological health and relevant medical history from the patient.
- 3) Explore the patient's personal, cultural, social and health beliefs in the context of their health practices.
- 4) Negotiate a plan of care, including appropriate treatments and/or resources that would be mutually acceptable for both you and the patient.

Professional Behaviors:

Students should demonstrate:

- 1) Attentiveness and empathy throughout the interaction with the patient.
- 2) Awareness of and sensitivity to the patient's health concerns and how her socio-cultural beliefs relate to her health.
- 3) Openness, receptiveness and active participation during feedback and debriefing discussions.

Introduction to Sociocultural Medicine

Cultural competence programs have been implemented in health systems and medical schools in an attempt to help medical practitioners better assist their patients who may have differing views on health care and medicine. While these programs have successfully helped practitioners work with more diverse groups of patients, they have also served to create a “too simple understanding of ‘culture’” (Taylor, 2003, p. 555) and to perpetuate stereotypes about “what members of a particular ‘culture’ believe, do, or want, and how they should be dealt with” (Taylor, 2003, p. 555).

A patient's culture is an important part of the context of their illness. Culture has been defined in many ways, by many disciplines over time. In the past, culture has been defined as a system of shared beliefs, values, customs, behaviors, and artifacts that members of society use to cope with their world and with one another, and that are transmitted from generation to generation through learning. This definition of culture certainly still applies, but a more recent explanation of culture takes into account its dynamic nature:

Cultures are dynamic, responsive, coherent systems of beliefs, values, lifestyles that have developed within particular geographic locations, using available technology and economic resources; they evolve as needed to adapt to changing environmental conditions (Kagawa-Singer & Kassim-Lakha, 2003, p. 577).

Sociocultural medicine refers to the understanding, incorporation, and application of social and cultural factors in medicine, health, and patient care. These factors can include, but are not limited to:

- Gender
- Spirituality
- Economic circumstances
- Environmental conditions
- Religion
- Education
- Race
- Sexual orientation
- Literacy
- Family

It is important to remember that individuals do not always live in consonance with the cultural values of those around them and thus the importance of **not** making assumptions about a person based on incomplete information. The following are important considerations when working with patients:

1. Culture is not static, but is constantly changing as people make use of their cultural resources in creative and sometimes surprising ways.

2. Culture is multifaceted—it encompasses linguistic, religious, educational, class and many other dimensions of difference, which intersect in complex ways in the life experience and identity of any one individual.
3. Culture is situated in relation to social factors such as literacy or socioeconomic status.
4. Culture does not only apply to patients, families, and/or communities, but also with health care practitioners who are operating under the culture of medicine.
5. The patient's culture is part of the overall context in which the patient and their illness are functioning.

Culture is pervasive across society—"physicians' medical knowledge is no less cultural for being real, just as patients' lived experiences and perspectives are no less real for being cultural" (Taylor, 2003, p. 555). The difficulty and potential for miscommunication in patient care comes from the clash between the culture of medicine and a patient's culture (or assumed culture). Therefore, it is important that you learn to treat each patient as an individual and to ask them to help you understand where they are coming from. This will help you avoid the cultural clashes that detract from the patient's overall care.

In today's multicultural society, assuring quality health care for all people requires that physicians understand how each patient's background affects his or her health beliefs and behaviors. Providing care for patients from many cultures who have different languages, levels of education and/or socioeconomic status provides a significant challenge for our medical providers today. Learning these skills can help promote communication and cooperation.

When patients present to their physicians, their illnesses are directly linked to the social factors that make up their personal environment or context: sexual orientation, familial beliefs, gender, age, literacy and language, social stressors, financial situation, religious beliefs, and many other defining characteristics.

Culture is not simply defined by ethnicity, race or religion. Cultural groups are very diverse. To try to learn or "know" every aspect of each culture that could have an influence on a patient, their illness or an interaction with a physician is not realistic. You will inevitably make mistakes and false assumptions if you approach patients in this manner.

What is realistic to sociocultural medicine is to address an individual patient's social context, cultural health beliefs and behaviors in order to recognize potential core issues. This allows the health care provider to negotiate and work towards what is a mutually acceptable plan of care for both the patient and health care provider.

**Questions you may find yourself asking: “Why are we doing this exercise?
How do we approach it?”**

Why do the Sociocultural Women’s Health Standardized Patient exercise?

The main focus of this exercise is to realize that sociocultural medicine actually exists and that it is important to every single patient interaction and clinical encounter! Once this is acknowledged, health care providers can come to the understanding that providing care for patients is **not only** about knowing the facts and details surrounding disease processes and what textbooks or journal articles state is the way to manage these problems or diseases. It is also about incorporating the depth and complexity behind patients’ thoughts and beliefs into creating a cooperative care plan with them.

How do we approach this exercise?

For this exercise, your patient will present with an obstetric or gynecologic issue that brings her to the gynecologist for care. **ADDITIONALLY**, she will have a contextual barrier that may interfere with your medical recommendations regarding the standard care practices for her problem or concern. You will encounter one of the following scenarios:

- A patient with the misconception that having a pap smear and/or pelvic exam performed on her can actually cause a problem, rather than help diagnose and eventually treat potential problems.
- A woman fearing that she will be unable to bear children.
- A patient with financial barriers affecting her obstetric and/or gynecologic care (**Note: You are NOT expected to know the specific costs of medical treatments or tests**).
- A patient with conflict between a woman’s sexual practices and her family/community belief systems.

You are expected to elicit a thorough OB/Gyn history from your patient as well as any other history that is relevant to helping you treat her effectively (e.g. social, sexual and past medical histories). In addition to the medical history, taking a sociocultural history will help you, as a health care provider, negotiate a mutually acceptable plan of action to approach the patient’s medical concerns. Table 1 offers some examples of several interview questions designed to elicit this key information. This list is not all-inclusive, but serves as an example of questions that can function as a social context “review of systems” and as a guideline to fit the specific clinical scenario. It also offers strategies for negotiating with your patient. Please do not use this list as a script, but rather a guide for determining questions that will help you elicit helpful information from your patient. An additional question that can help you explore your patient’s concerns is simply asking them what their concerns are about the appointment or the treatment plan you’ve suggested. This will help you elicit the patient’s concerns (if they have any) and provide a basis for you to explore their concerns in more depth.

Negotiating a treatment plan:

Negotiation of a treatment plan involves a two-way collaboration with your patient. It is NOT necessarily getting the patient to agree with your plan, nor is it simply deferring to the patient to find out “what they want to do.”

Negotiation takes place within the construct of the 5 As for Behavior Change: Adapted from Heisler, M. (2005). Helping your patients with chronic disease: effective physician approaches to support self-management. *Seminars in Medical Practice, 8:* pp. 43-54.

Another possible “A” is Agenda Setting. In this initial step, the clinician attends to the patient’s agenda—what brought the patient to the doctor and what are they hoping to gain from the visit.

- Assess
 - Ask about/assess factors influencing disease management/treatment. Assess knowledge, beliefs, concerns, personal values and goals, feelings, previous experience with change, level of confidence (self-efficacy), and motivation that may be affecting the patient’s choice of health care treatment.

- Advise
 - Give clear, specific, and personalized information and behavioral advice, including information about personal health harms and benefits.
 - Educate your patient
 - Why is what you’ve recommended important, from your perspective?
 - What exactly would you be doing, if she is agreeable?
 - Is your patient knowledgeable about gynecological exams and tests? If not, provide her with this information.

- Agree
 - Collaboratively select appropriate treatment goals and methods based on the patient’s interest in and willingness to change behaviors.
 - Provide her with alternative treatment options
 - While the alternatives may not be the “gold standard,” they may be better than no care at all and may help facilitate an atmosphere of trust with the physician, which may eventually result in more comprehensive care.
 - You may not be the best option for providing care to this woman—be open to helping her find an option that would be better for her.
 - Collaboratively select appropriate treatment goals based on patient’s preferences.

- Remember—the patient is ultimately the decision maker.
- How do you know that the patient understands/agrees with the plan?
 - Ask her to describe the agreed-upon plan back to you and her level of commitment to it.
- Assist
 - Aid the patient in achieving agreed-upon goals by acquiring skills, confidence, and social/environmental supports for behavioral change and appropriate medical treatments. Identify personal barriers and resources.
 - Provide support to the patient to achieve the agreed-upon plan.
- Arrange
 - Schedule follow-up contacts (in person, by phone, via e-mail) to provide ongoing assistance/support and to adjust the treatment plan as needed, including referral to more intensive or specialized treatment.

Table 1: Eliciting Patient Information and Negotiating

Adapted from: Carillo JE, Green AR, Betancourt JR. (1999). Cross-Cultural Primary Care: A Patient-Based Approach. *Annals of Internal Medicine*, 130, pp. 829-834.

Social Context "Review of Systems"	
Control over environment	Are finances a problem in your life? Are you ever lacking for basic necessities (e.g. food, clothing, shelter, etc.)?
	How do you keep track of appointments?
	Do you have health insurance to help pay any medical bills?
Change in environment	Where are you originally from?
	What prompted you to come to this country/city/state/town?
	How long have you lived here (country/city/state/town)?
	How are you adjusting to your new surroundings?
Social stressors and support network	What is causing you the most difficulty or stress in your life?
	How do you cope with this stress?
	Do you have friends or relatives that you can call on for help?
	Do you feel that they are a source of support for you? Do they live close-by?
	Are you actively involved in a religious or social group?
	Do you feel that a higher power is a strong source of support in your life?

Literacy and Language	Do you have any difficulty reading your medication bottles or appointment slips?
	What language(s) do you speak at home?
	Do you ever feel that you have difficulty communicating what you want to say to the doctor or to staff?
Negotiation	
Negotiating explanatory models (<i>the patient's expectations, beliefs and concerns about their illness</i>)	Explore the patient's explanatory model.
	Determine how the explanatory model differs from the biomedical model and how strongly the patient adheres to it.
	Describe the biomedical model in understandable terms, utilizing the patient's terminology and conceptualization as much as possible.
	Actively determine the patient's degree of understanding and acceptance of the biomedical model.
	If conflict remains, re-evaluate core cultural issues and social context.
Negotiating for management options	Describe specific management options (tests, treatments, or procedures) in understandable terms.
	Prioritize management options.
	Determine the patient's priorities.
	Present a reasonable management plan based on the options available AND the patient's priorities.
	Determine the patient's level of acceptance of this plan (do not assume acceptance—ask directly).
If conflict remains, focus negotiation on higher priorities.	

Guidelines for the Sociocultural Women's Health Standardized Patient Exercise

Exercise Guidelines:

- Please arrive promptly at your scheduled time.
- Please arrive dressed appropriately in your white coat. Scrubs are acceptable attire.
- The interview portion of the exercise should take 20-25 minutes.
- After the interview, you will spend approximately 30 minutes evaluating your own performance and receiving feedback from the SP. You will then participate in a small group discussion on sociocultural medicine with a faculty member. This discussion should take about 30 minutes.
- Your tasks in this exercise are to:
 1. Establish and maintain rapport with the patient.
 2. Take a full gynecological, relevant health and social history from the patient.
 3. Assess the patient's current medical problem.
 4. Provide patient education to fit the clinical scenario.
 5. Make practical and appropriate treatment recommendations based on the patient's sociocultural situation and health beliefs.
 6. Negotiate a mutually agreeable treatment/assessment plan with the patient.
 7. **Note: You will NOT be performing any physical examinations as part of this exercise.**

Preparing for this Exercise:

- You will receive information pertaining to the medical content of this exercise throughout the OB/Gyn clerkship.
- Review the information and resource materials contained in this booklet.
- You may bring your own prepared notes to use during your interview. You will not be allowed to use this booklet during your interview.

SOCIOCULTURAL WOMEN'S HEALTH
Patient Information and Instructions for Students
Scenario A

Patient Background Information:

Name: Angela Lee
Age: 35-45
Marital Status: Single, divorced
Occupation: Bank teller

Clinical Situation:

Ms. Lee was referred to the UMHS Obstetrics and Gynecology practice by her primary care physician because of a recent history of irregular menses.

Past Medical History: G1 P1. Has not been to the gynecologist in 10-15 years. Other history is unknown.

Social History: Unknown.

Your task is to:

1. Take a full history (OB/Gyn, social, sexual and any other relevant past medical history) from the patient.
2. Assess the patient's medical problem.
3. Provide education regarding testing, examinations, etc... to your patient.
4. Explore and discuss any barriers or concerns your patient has.
5. Negotiate a treatment plan, incorporating the patient's preferences.

SOCIOCULTURAL WOMEN'S HEALTH
Patient Information and Instructions for Students
Scenario B

Patient Background Information:

Name: Leila Makki
Age: 23 years old
Marital Status: Single
Occupation: Graduate student

Clinical Situation:

Ms. Makki was referred to the UMHS Obstetrics and Gynecology clinic by her primary care physician because of a history of irregular menses.

Past Medical History: G0 P0. Has never seen a gynecologist before. Other history is unknown.

Social History: Unknown.

Your task is to:

1. Take a full history (OB/Gyn, social, sexual and any other relevant past medical history) from the patient.
2. Assess the patient's medical problem.
3. Provide education regarding testing, examinations, etc... to your patient.
4. Explore and discuss any barriers or concerns your patient has.
5. Negotiate a treatment plan, incorporating the patient's preferences.

SOCIOCULTURAL WOMEN'S HEALTH
Patient Information and Instructions for Students
Case C

Patient Background Information:

Name: Sandra McKenna
Age: 35-45 years old
Marital Status: Married
Occupation: Homemaker

Clinical Situation:

Ms. McKenna was referred to the UMHS Obstetrics and Gynecology clinic by her primary care physician because of a history of irregular menses.

Past Medical History: G2 P2. Has not seen a gynecologist in 12-15 years. Other history is unknown.

Social History: Unknown.

Your task is to:

1. Take a full history (OB/Gyn, social, sexual and any other relevant past medical history) from the patient.
2. Assess the patient's medical problem.
3. Provide education regarding testing, examinations, etc... to your patient.
4. Explore and discuss any barriers or concerns your patient has.
5. Negotiate a treatment plan, incorporating the patient's preferences.

SOCIOCULTURAL WOMEN'S HEALTH
Patient Information and Instructions for Students
Case D

Patient Background Information:

Name: Alicia Jacobs
Age: 20 years old
Marital Status: Single
Occupation: College student

Clinical Situation:

Ms. Jacobs referred herself to the UMHS Obstetrics and Gynecology practice because of a late period.

Past Medical History: G0 P0. Has not seen a gynecologist before. Other history is unknown.

Social History: Unknown.

Your task is to:

1. Take a full history (OB/Gyn, social, sexual and any other relevant past medical history) from the patient.
2. Assess the patient's medical problem.
3. Provide education regarding testing, examinations, etc... to your patient.
4. Explore and discuss any barriers or concerns your patient has.
5. Negotiate a treatment plan, incorporating the patient's preferences.

Sociocultural Women's Health—Content Information

Over the past 60 years, the mortality from cervical cancer—one of the most common and lethal cancers in women in the United States—has decreased dramatically. Much of the reduction has been due to the widespread use of the Papanicolaou test, which has enabled health care providers to detect cervical intraepithelial neoplasia before it progresses to cervical cancer...death from cervical cancer is considered preventable! No one should be dying from cervical cancer.

The Pap smear is the most efficient cancer screening procedure known to medicine. Evidence strongly suggests that regular screenings, including a Pap test and for some women, vaccination against some forms of Human Papilloma Virus decreases mortality from cervical cancer. About 60% of women who die of cervical cancer have not had a Pap test in the last five years. Experts believe that virtually all cervical cancer deaths could be prevented by a combination of safe sex practices, routine Pap tests, and appropriate follow-up and treatment of abnormal screening results. Research shows that certain groups of women do not get regular Pap tests.

Gardasil was approved by the FDA in 2006 for use in girls and women through age 26 to prevent infection with Human Papilloma Virus, Types 6, 11, 16, and 18. The vaccine has been found to be highly effective in preventing precancerous lesions that often develop into cancer of the cervix, vagina and vulva as well as preventing genital warts cause by these HPV types. It is recommended that 11-12 year old girls receive 3 doses of the vaccine as well as girls and women 13-26 years old who have not yet been vaccinated or who have not received all three doses. Boys and men ages 9-26 are also recommended to receive the Gardasil vaccine¹.

What can be done to continue to lower cervical cancer incidence and mortality rates? The main answer focuses on addressing the barriers to screening. These barriers include the patient themselves, biases of the provider and/or problems within the health care systems (e.g. inaccessibility). Some ways to minimize these barriers include:

- Increasing patient education efforts regarding cervical cancer screening. For example, working with community leaders, peer spokespersons, cultural elders, and religious leaders and congregations to help them educate their community members.
- Increasing patient education efforts on the part of the health care provider. There are not any modalities that replace the Pap smear and cervical cytology for the diagnosis of cervical intraepithelial neoplasia or

cancer. However, as health care providers, we need to improve our communication with patients and our education to patients regarding these disease processes; providing teaching, literature and handouts, drawings, and accurate sources of medical information.

Additionally, there are many other obstetric and gynecologic issues where barriers exist in the communication between health care provider and patient. As stated earlier in this resource, when patients present to their physicians, their illnesses are directly related to the social factors that make up their personal environment; for example, sexual orientation, gender, age, literacy, social stressors, financial situations and cultural beliefs. That being said, in the process of diagnosing and treating a patient, nothing substitutes a complete history and physical exam. The history and physical are the standard of care in the process of medical decision making. Laboratory values and radiologic modalities certainly can and do aid in making certain diagnoses, but the importance of thorough histories and examinations cannot be overlooked. **Nevertheless, there are occasions when barriers may prohibit a complete history and/or a physical examination.** Our role as health care providers is to educate our patients on the “how” and “why” we are making specific recommendations, but always remembering that the patient is the decision-maker about their own healthcare. There may be occasions when taking the time to offer and utilize alternative testing options may help increase a patient’s trust and therefore result in more comprehensive care than if the patient and physician cannot reach any compromise. Additionally, having an awareness of other resources that can assist with the care of a patient is crucial. Knowing that social workers, other health care providers, outside clinics, and anonymous testing sites are readily available will hopefully increase patient communication, satisfaction, and the ability to reach a mutually acceptable plan of care for both the patient and health care provider.¹

¹ <http://www.cdc.gov/vaccinesafety/vaccines/HPV/HPVArchived.html>

Resources for Uninsured/Underinsured Patients*

This information is always subject to **CHANGE**. Check all resources before providing information to patients.

In-Hospital Resources:

Social Work departments typically assist patients with support services and resources while they are receiving medical and mental health care. Resources available typically include help with psychosocial issues or concerns, bereavement, domestic violence/sexual assault, counseling referrals, adjustment to illness, caregiver needs, long-term discharge planning, housing concerns, Advance Directive issues, and resources related to diagnoses. Some limited resources are sometimes available to assist patients with emergency tangible needs such as clothing, transportation, food, prescriptions, and discounted parking.

Outside Resources for Patients:

Insurance Resources:

Medicaid vs. Medicare

Medicaid is the **state** program that assists low-income individuals and families. Medicare is the **federal** program that provides health insurance coverage for the elderly (65+) and the disabled.

Medicaid:

Income limits depend on the county of residence, family size, etc... BUT the income limits are usually **very** low. Patients must contact their local Department of Human Services or other similar state/county resource) to apply.

Title XV/Breast and Cervical Cancer Control Program (BCCCP):

A federally funded program that provides free breast and cervical cancer screening to women in some counties who are between the ages of 40 and 64 and who meet financial and insurance criteria. Patients will go through an initial telephone screening interview and once determined eligible, will receive a phone number to make an appointment.

Women, Infants and Children (WIC):

Women, Infants and Children (WIC) is a federally funded health and nutrition program that provides pregnant women, new mothers, and young children with nourishing supplemental foods, nutrition education and counseling, breastfeeding promotion as well as health and social service referrals. The participants of WIC are either pregnant, breastfeeding, or postpartum women, and infants and children under age five who meet income guidelines and have a medical or nutritional risk.

For additional state sponsored programs for other populations (special needs children, disabled adults, elderly, etc...), please see your state's government website for contact information.

Prescription Drug Assistance:

MANY patients, even with insurance, do not have prescription drug coverage. Because this has become such a large problem in this country, many of the drug companies have implemented programs to assist patients in need—either discount cards to use at a pharmacy of the patient's choice or sending the patient the medications directly from the company free of charge. The website www.needymeds.org has put together a comprehensive listing of drug companies that offer programs and user-friendly instructions on how to get their applications (or download them directly from their website) and the various criteria that the drug companies use to determine who they are able to assist. Please keep in mind that the application process is lengthy (often taking 6-8 weeks after the initial application is submitted) and patients may be unable to obtain the medications they need without further assistance with samples, etc...

Free/low-cost clinics:

Planned Parenthood:

A clinic providing comprehensive women's health services with a sliding scale fee schedule.

Note that because Planned Parenthood does provide abortions to women (although with extensive counseling and education about ALL options), some patients may not be open to this as a resource

Phone Number: 1-800-230-PLAN

Website: www.plannedparenthood.org

Other:

Local shelter associations and/or religious organizations often operate free or low-cost clinics for patients in need. Please check your local resources for organizations such as this.

Note: Please note that this is not a comprehensive listing of all resources available to patients, but rather suggestions for options for patients in need. Also—the resources that are available often change, so it is important to verify that information provided to patients is accurate before disseminating it.

Sociocultural Women's Health References

Carillo JE, Green AR, Betancourt JR. (1999). Cross-Cultural Primary Care: A Patient-Based Approach. *Annals of Internal Medicine*, 130(10), pp. 829-834.

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Kagawa-Singer M, Kassim-Lakha S. (2003). A Strategy to Reduce Cross-cultural Miscommunication and Increase the Likelihood of Improving Health Outcomes. *Academic Medicine*, 78(6), pp. 577-587.

Taylor, JS. (2003). Confronting "Culture" in Medicine's "Culture of No Culture." *Academic Medicine*, 78(6), pp. 555-559.