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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 impact racial minorities due to implicit bias in healthcare professionals?

A. Increased rates of chronic illness
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 important to consider in order to avoid making assumptions about cultural beliefs in healthcare?

A. People of the same ethnic background hold similar healthcare beliefs.
B. Subcultures within racial or ethnic groups can affect healthcare practices.
C. 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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