

**1. Cross-cultural misunderstandings between providers and patients can lead to mistrust and frustration, but are unlikely to have an impact on objectively measured clinical outcomes.**

a. True

b. False

**2. When the patient and provider come from different cultural backgrounds, the medical history obtained may not be accurate.**

a. True

b. False

**3. When a provider expects that a patient will understand a condition and follow a regimen, the patient is more likely to do so than if the provider has doubts about the patient.**

a. True

b. False

**4. A really conscientious health provider can eliminate his or her own prejudices or negative assumptions about certain types of patients.**

a. True

b. False

**5. When taking a medical history from a patient with a limited ability to speak English, which of the following is LEAST useful?**

a. Ask 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?”

b. Encourage the patient to give a description of her/his medical situation, and beliefs about health and illness.

- c. Ask the patient whether he or she would like to have a qualified interpreter for the medical visit.
- d. Ask the patient questions such as “How has your condition changed over the past two days?” or “What makes your condition get better or worse?”

**6. During a medical interview with a patient from a different cultural background, which is the LEAST useful technique:**

- a. Asking questions about what the patient believes about her or his illness - what caused the illness, how severe it is, and what type of treatment is needed.
- b. Gently explain which beliefs about the illness are not correct.
- c. Explain the “Western” or “American” beliefs about the patient’s illness.
- d. Discuss differences in beliefs without being judgmental.

**7. When a patient is not adhering to a prescribed treatment after several visits, which of the following approaches is NOT likely to lead to adherence?**

- a. Involving family members
- b. Repeating the instructions very loudly and several times to emphasize the importance of the treatment.
- c. Agreeing to a compromise in the timing or amount of treatment
- d. Spending time listening to discussions of folk or alternative remedies.

**8. When a patient who has not adhered to a treatment regimen states that s/he cannot afford the medications prescribed, it is appropriate to assume that financial factors are indeed the real reasons and not explore the situation further**

- a. True

b. False

**9. Which of the following are the correct ways to communicate with a patient through an interpreter?**

a. Making eye contact with the interpreter when you are speaking, then looking at the patient while the interpreter is telling the patient what you said.

b. Speak slowly, pausing between words.

c. Asking the interpreter to further explain the patient's statement in order to get a more complete picture of the patient's condition.

d. None of the above

**10. If a family member speaks English as well as the patient's native language, and is willing to act as interpreter, this is the best possible solution to the problem of interpreting.**

a. True

b. False

**11. Which of the following statements is TRUE?**

a. People who speak the same language have the same culture.

b. The people living on the African continent share the main features of African culture.

c. Cultural background, diet, religious, and health practices, as well as language, can differ widely within a given country or part of a country.

d. An alert provider can usually predict a patient's health behaviors by knowing what country s/he comes from.

**12. Which of the following statements is NOT TRUE?**

- a. Friendly (nonsexual) physical contact is an important part of communication for many Latin American people.
- b. Many Asian people think it is disrespectful to ask questions of a health provider.
- c. Most African people are either Christian or follow a traditional religion.
- d. Eastern Europeans are highly diverse in terms of customs, language and religion.

**13. Which of the following statements is NOT true?**

- a. The incidence of complications of diabetes, including lower-limb amputations and end-stage renal disease, among the African-American population is double that of European Americans.
- b. Japanese men who migrate to the US retain their low susceptibility to coronary heart disease.
- c. Hispanic women have a lower incidence of breast cancer than the majority population.
- d. Some Native Americans/American Indians and Pacific Islanders have the highest rate of type II diabetes mellitus in the world.

**14. Because Hispanics have a lower incidence of certain cancers than the majority of the US population, their mortality rate from these diseases is correspondingly lower.**

- a. True
- b. False

**15. Minority and immigrant patients in the US who go to traditional healers and use traditional medicines generally avoid conventional Western treatments.**

- a. True
- b. False

**16. Providers whose patients are mostly European-American, U.S.-born, and middle-class still need to know about health practices from different world cultures.**

- a. True
- b. False

**17. Which of the following is good advice for a provider attempting to use and interpret non-verbal communication?**

- a. The provider should recognize that a smile may express unhappiness or dissatisfaction in some cultures.
- b. To express sympathy, a health care provider can lightly touch a patient's arm or pat the patient on the back.
- c. If a patient will not make eye contact with a health care provider, it is likely that the patient is hiding the truth.
- d. When there is a language barrier, the provider can use hand gestures to bridge the gap.

**18. Some symbols—a positive nod of the head, a pointing finger, a “thumbs-up” sign—are universal and can help bridge the language gap.**

- a. True
- b. False

**19. Out of respect for a patient's privacy, the provider should always begin a relationship by seeing an adult patient alone and drawing the family in as needed.**

- a. True
- b. False

**20. In some cultures, it may be appropriate for female relatives to ask the husband of a pregnant woman to sign consent forms or to explain to him the suggested**

**treatment options if the patient agrees and this is legally permissible.**

a. True

b. False

**21. Which of the following is NOT true of an organization that values cultural competence:**

a. The organization employs or has access to professional interpreters that speak all or at least most of the languages of its clients.

b. The organization posts signs in different languages and has patient education materials in different languages.

c. The organization tries to hire staff that mirror the ethnic and cultural mix of its of its clients.

d. The organization assumes that professional medical staff do not need to be reminded to treat all patients with respect.

**22. A female Muslim patient may avoid eye contact and/or physical contact because:**

a. She doesn't want to spread germs.

b. Muslim women are taught to be submissive.

c. Modesty is very important in Islamic tradition.

d. She doesn't like the provider

**23. Which of the following statements is NOT TRUE:**

a. Diet is an important part of both Islam and Hinduism.

b. North African countries have health care systems that suffer because of political problems.

c. Arab people have not historically had an impact on the medical field.