

Jarvis: Physical Examination & Health Assessment, 6th Edition

Chapter 02: Cultural Competence: Cultural Care

Answer Key - Answers to Study Guide Questions in Student Lab Manual

1. Under the provisions of Title VI of the Civil Rights Act of 1964, when people with Limited English Proficiency (LEP) seek health care in health care settings such as hospitals, nursing homes, clinics, day care centers, or mental health centers, services cannot be denied to them. There are many forms of illegal discrimination based on race, color, or national origin that frequently limit the opportunities of people to gain equal access to health care services. It is said that language barriers have a deleterious effect on health care, and patients are less likely to have a usual source of health care, as well as an increased risk of nonadherence to medication regimens (pp. 12-13). If faculty wants to dig a bit deeper on Title VI, here is some more information: An agency that is the recipient of federal financial assistance may not, based on race, color, or national origin:
 - Deny services, financial aid or other benefits provided as a part of health or human service programs.
 - Provide a different service, financial aid or other benefit, or provide them in a different manner from those provided to others under the program.
 - Segregate or separately treat individuals in any matter related to the receipt of any service, financial aid or other benefit. This refers to people with Limited English Proficiency.
2. One response to the government mandates for cultural competency is the development of Cultural Care Nursing, a concept that describes professional nursing that is culturally sensitive, appropriate, and competent. There is a discrete body of knowledge relevant to this nursing and many of the content factors are introduced in this chapter.
 - Culturally Sensitive implies that the caregivers possess some basic knowledge of and constructive attitudes toward the diverse cultural populations found in the setting in which they are practicing.
 - Culturally Appropriate implies that the caregivers apply the underlying background knowledge that must be possessed to provide a given patient with the best possible health care.
 - Culturally Competent implies that the caregivers understand and attend to the total context of the patient's situation including awareness of immigration status, stress factors, other social factors, and cultural similarities and differences (p. 14).
3. The values indicating heritage consistency exist on a continuum, and a person can possess value characteristics of both a heritage consistent (traditional: that is, living within the norms of their traditional culture) and a heritage inconsistent (modern: that is, acculturated to the norms of the dominant society). The concept of heritage consistency includes a determination of one's cultural, ethnic, and religious background and socialization experiences (p. 14).
4. Culture is:
 - (1) Learned from birth through the processes of language acquisition and socialization.

- (2) Shared by all members of the same cultural group.
 - (3) Adapted to specific conditions related to environmental and technical factors and to the availability of natural resources.
 - (4) Dynamic and ever changing.
5. Examples of health practices related to religion include:
- (1) Modesty—how body should be covered: Dress, head coverings.
 - (2) Diet —food combinations or taboos.
 - (3) Gender preferences— that is, the preference for gender specific care: Men with men, women with women.
 - (4) Blood—not able to take blood transfusions: Jehovah's Witnesses.
6. Factors related to socialization include:
- (1) Acculturation— the process of adapting to and acquiring another culture.
 - (2) Assimilation—the process by which a person develops a new cultural identity and becomes like the members of the dominant culture.
 - (3) Biculturalism—dual pattern of identification and often of divided loyalty.
7. Major theories include:
- (1) *Biomedical*: Also called scientific, based on the assumption that all events in life have a cause and effect, that the human body functions mostly in a mechanical way, that all life can be reduced or divided into smaller parts, such as body, mind, spirit, and that all of reality can be observed and measured. The germ theory is an example of this explanation of illness.
 - (2) *Naturalistic*: Also called holistic perspective, based on the viewpoint that human life is only one aspect of nature and a part of the general order of the cosmos. The forces of nature must be kept in natural balance or harmony. The yin/yang theory held by many Asians, and the hot/cold theory of health and illness held by many groups, are examples of this explanation of illness.
 - (3) *Magico-religious*: With this perspective the world is seen as an arena in which supernatural forces dominate, and the fate of the world and those in it depends upon the action of supernatural forces for good or for evil. Examples of magical causes of illness include belief in voodoo or witchcraft.
8. The yin/yang theory is the basis for Eastern or Chinese medicine, and is commonly embraced by many Asian Americans. This theory perceives that health exists when all aspects of the person are in perfect balance. This theory states that all organisms and objects in the universe consist of yin and yang energy forces. Yin energy represents the female and negative forces, such as emptiness, cold, and darkness; yang forces are male and positive, emitting warmth and fullness. With this theory, foods are classified as either hot or cold (yin foods are cold, yang foods are hot). Cold foods are eaten with a hot illness; hot foods are eaten with a cold illness.
9. The hot/cold theory of health and illness states that the treatment of disease consists of adding or subtracting cold, heat, dryness, or wetness to restore health. Beverages, foods, herbs, medicines, and diseases are classified as hot or cold according to their perceived

effects on the body, not their physical characteristics. Examples of illnesses believed to be caused by cold entering the body include earaches, chest cramps, paralysis, GI discomfort, rheumatism, and tuberculosis. Examples of illnesses believed to be caused by overheating are abscessed tooth, sore throat, rashes, and kidney disorders. The individual is treated as a whole, not just as a person with a certain ailment.

10. Names for folk healers include:

- (1) Hispanic: *curandero(ra)*, *espiritualista* (spiritualist), *yerbo* (herbalist), *sabedor* (healer who manipulates bones or muscles).
- (2) Africans: hougan (a voodoo priest or priestess); spiritualist or “old lady.”
- (3) Native American: shaman or medicine (wo)man.
- (4) Asians: herbalists, acupuncturists, or bone setters.
- (5) Amish: braucher.

11. Some people may have a condition that is culturally defined, known as a culture-bound syndrome. Some of these conditions have no equivalent from a biomedical/scientific perspective. See Table 2-3, p. 25, for examples related to various cultures.

12. Complementary interventions include:

Acupuncture, acupressure; therapeutic touch, massage; therapeutic use of music, biofeedback; relaxation techniques, meditation; hypnosis, distraction; imagery, iridology; reflexology, and herbal remedies. See pp. 26-27 in text.

Jarvis: *Physical Examination and Health Assessment*, 6th edition

THEME: COGNITION		
CONCEPT: COGNITIVE FUNCTION		
EXEMPLAR	RESOURCES	ACTIVE LEARNING ACTIVITIES
Older Adult (Delirium, Dementia, Alzheimer Disease)	PRINT	<ul style="list-style-type: none"> • Define the behaviors that are considered in an assessment of a person’s mental status. • Describe relevant developmental care related to the mental status examination. • List the four components of mental status assessment. • Complete a Mini-Mental State Examination. • Using the form provided in the text, assign students to work in pairs and have each complete a Mini-Mental State Examination on the assigned partner. At the completion of the exercise, discuss interviewing techniques that facilitated the completion of the examination. Have students play the part of a patient and take the Set Test. • Use segments of movies or other visual materials and ask students to describe the mental status of the personality portrayed, using A, B, C, and T for the segment viewed. A suggestion would be <i>The Over the Hill Gang</i> with George Burns for viewing older adults. • Use the health history as the basis for assigning students a patient in the clinical setting to complete a mental status assessment exam. • For each person described in the following situations, have students discuss the developmental, age,
	<ul style="list-style-type: none"> • Chapter 4, “The Complete Health History” (pp. 56, 63) • Chapter 5, “Mental Status Assessment” (pp. 72, 74-75, 80-81, 82 - CS, 88t) • Chapter 10, “Pain Assessment: The Fifth Vital Sign” (pp. 163, 170, 171f) • Chapter 27, “The Complete Health Assessment: Putting It All Together” (pp. 764, 769) • Chapter 30, “Functional Assessment of the Older Adult” (pp. 830, 835-837, 844) 	
	DIGITAL	
	<ul style="list-style-type: none"> • Figure 5-2, “Clock drawing for the Mini-Cog.” <p><u>Audience Response System Questions</u></p> <ul style="list-style-type: none"> • Chapter 5: Questions 1-2 <p><u>Clinical References</u></p> <ul style="list-style-type: none"> • Bedside Assessment Summary Checklist: Chapter 5 • Physical Examination Summary Checklist: Chapter 5 • Quick Assessment for Common Conditions: Chapter 30: Alzheimer’s Disease (AD) <p><u>NCLEX Review Questions</u></p> <ul style="list-style-type: none"> • Chapter 5: Questions 4-7, 10 	

<p>Older Adult (Delirium, Dementia, Alzheimer Disease), cont.</p>	<ul style="list-style-type: none"> • Chapter 30: Questions 1-4 <p><u>PowerPoint Presentations</u></p> <ul style="list-style-type: none"> • Chapter 5: Slides 6, 33-38 • Chapter 30: Slides 2, 6, 18-19, 42 <p><u>Test Bank Questions</u></p> <ul style="list-style-type: none"> • Chapter 5: Questions 3-6, 18, 27, 34, 39; 1 (MR) • Chapter 30: Questions 1-5, 11 	<p>socioeconomic, and cross-cultural considerations that should be addressed during the gathering of subjective and objective data and the implications for the provision of health care. Ask students to determine whether information is provided regarding appearance, behavior, cognition, and thought processes (A, B, C, and T). Because patients with alterations in mental status may be unable to meet their own physical needs, also have students discuss the implications for the family member providing care or community social services that may be required. Have students describe any additional data that might be needed before a judgment or diagnosis can be made and cite at least one relevant nursing diagnosis for any actual or potential problem identified.</p> <ul style="list-style-type: none"> ○ D. J. has Parkinson disease and is therefore seen every 6 months for follow-up evaluation. In the past, her husband has accompanied her and been present during the examination. Because he was unable to accompany her today, a neighbor has brought her for the visit, and D. J. is in the examining room alone. When the health care practitioner comes into the room, D. J. is still in her street clothes, and when asked to put on the examining gown she seems confused about how to proceed with the task. She is unable to recall what she had for breakfast and cannot state her phone number. ○ D.S. is admitted to the unit through the emergency department, where a diagnosis of cerebrovascular accident (CVA, or stroke) was made. The nurse performing the health history notices the inability of the patient to answer questions, but D. S.
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Older Adult (Delirium, Dementia, Alzheimer Disease), cont.		<p>responds correctly when given simple commands. Because of right-sided paralysis, D. S. is unable to write.</p> <ul style="list-style-type: none"> List the other domains of assessment that may be performed with the older adult. Describe the various functional assessments that may be performed with the older adult. Have each student complete a functional assessment on an older family member or friend and present a brief description of the person and the results of this assessment. <p><u>Simulation Learning System</u></p> <ul style="list-style-type: none"> Scenario HA 8-4: Malcolm Little. Scenario Presentation: Patient presents with daughter who is concerned by her father’s recent, periodic confusion and complicated medication regimen. <p><u>HESI Case Studies</u></p> <ul style="list-style-type: none"> Alzheimer’s Disease
EXEMPLAR	RESOURCES	ACTIVE LEARNING ACTIVITIES
Infants and Children	<p>PRINT</p> <ul style="list-style-type: none"> Chapter 4, “The Complete Health History” (pp. 56, 63) Chapter 5, “Mental Status Assessment” (pp. 72, 74-75, 79-80, 84-86) Chapter 9, “General Survey, Measurement, Vital Signs” (pp. 142-143) Chapter 27, “The Complete Health Assessment: Putting It All Together” (pp. 764, 769, 776) <p>DIGITAL</p>	<ul style="list-style-type: none"> Discuss relevant developmental care in relation to a general survey. Define the behaviors that are considered in an age appropriate assessment of a person’s mental status. Describe relevant developmental care related to the mental status examination. Apply the components of mental status exam to an infant in the pediatric clinical setting. Apply the components of a mental

<p>Infants and Children, cont.</p>	<p><u>Audience Response System Questions</u></p> <ul style="list-style-type: none"> • Chapter 5: Questions 1-2 <p><u>Clinical References</u></p> <ul style="list-style-type: none"> • Bedside Assessment Summary Checklist: Chapter 5 • Physical Examination Summary Checklist: Chapter 5 <p><u>NCLEX Review Questions</u></p> <ul style="list-style-type: none"> • Chapter 5: Questions 6, 8, 10 <p><u>PowerPoint Presentations</u></p> <ul style="list-style-type: none"> • Chapter 5: Slides 6, 30-32 • Chapter 9: Slide 51 <p><u>Test Bank Questions</u></p> <ul style="list-style-type: none"> • Chapter 5: Questions 2, 10, 16-17, 19, 30 	<p>exam to a child in the pediatric clinical setting.</p> <ul style="list-style-type: none"> • Discuss developmental care for infants, children, and aging adults. • Assign students to complete a Denver II test on a pediatric patient in an outpatient clinical setting. • This strategy can be used in the clinical, in the classroom, online, or in the simulation lab setting. For a simulation lab, divide learners into groups of three. Learners can also videotape presentations via video camera or cell phone and post them to a discussion board online. Actual patients are used in the clinical setting, and the facilitator observes the demonstration. <ul style="list-style-type: none"> ○ Provide the Summary Checklist for Chapter 5 to learners in advance or include it in the course syllabus. Using the Summary Checklist, have learners demonstrate techniques used in physical examination. Peer review of the checklist should be completed prior to testing.
EXEMPLAR	RESOURCES	ACTIVE LEARNING ACTIVITIES
<p>Aphasias</p>	<p>PRINT</p> <ul style="list-style-type: none"> • Chapter 4, “The Complete Health History” (pp. 56, 63) • Chapter 5, “Mental Status Assessment” (pp. 73, 75, 84t) • Chapter 23, “Neurologic System” (pp. 622, 665 - CS) • Chapter 27, “The Complete Health Assessment: Putting It All Together” (pp. 764, 769) <p>DIGITAL</p>	<ul style="list-style-type: none"> • For the person described in the following situation, have students discuss the developmental, age, socioeconomic, and cross-cultural considerations that should be addressed during the gathering of subjective and objective data and the implications for the provision of health care. Ask students to determine whether information is provided regarding appearance, behavior, cognition, and thought processes (A, B, C, and T). Because patients with alterations in mental status may be unable to meet their own physical needs, also have

<p>Aphasias, cont.</p>	<p><u>Clinical References</u></p> <ul style="list-style-type: none"> • Physical Examination Summary Checklist: Chapter 5 <p><u>NCLEX Review Questions</u></p> <ul style="list-style-type: none"> • Chapter 5: Questions 2, 6, 10 <p><u>PowerPoint Presentations</u></p> <ul style="list-style-type: none"> • Chapter 5: Slides 9, 21 <p><u>Test Bank Questions</u></p> <ul style="list-style-type: none"> • Chapter 5: Questions 21-23, 32, 36, 40 	<p>students discuss the implications for the family member providing care or community social services that may be required. Have students describe any additional data that might be needed before a judgment or diagnosis can be made and cite at least one relevant nursing diagnosis for any actual or potential problem identified.</p> <ul style="list-style-type: none"> ○ D. S. is admitted to the unit through the emergency department, where a diagnosis of cerebrovascular accident (CVA, or stroke) was made. The nurse performing the health history notices the inability of the patient to answer questions, but D. S. responds correctly when given simple commands. Because of right-sided paralysis, D. S. is unable to write. • For each person described in the following situations, have students discuss the developmental, age, socioeconomic, and cross-cultural considerations that should be considered during the gathering of subjective and objective data and the provision of health care. In addition, have students relate the anatomic area (body part) of injury or physiologic alteration to the neurologic source of that condition, discuss any additional assessments that might be needed before a judgment or diagnosis can be made, identify at least one relevant nursing diagnosis for any actual or potential problem identified, and list resources available to the patient. <ul style="list-style-type: none"> ○ D.L. had a CVA 1 week ago. His left side is paralyzed. Although his speech is clear, he confabulates, reads aloud without comprehension, displays poor judgment, and overestimates his ability to perform simple tasks. He
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Aphasias, cont.		has a short attention span and has difficulty with the concept of time. Behavior is frequently impulsive and impatient. <ul style="list-style-type: none">○ J.L. had a CVA within the past week. J. L. is easily frustrated, anxious, and fearful, and her speech is slurred. She needs verbal cuing for any task she is asked to carry out. She eats only food on the left side of the tray and responds only when approached from the left side.
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THEME: COGNITION CONCEPT: PSYCHOSIS		
EXEMPLAR	RESOURCES	ACTIVE LEARNING ACTIVITIES
Delirium (Acute Confusion State)	PRINT	<ul style="list-style-type: none"> • List the four components of mental status assessment. • Complete a Mini-Mental State Examination. • Define the behaviors that are considered in an assessment of a person’s mental status. • Describe relevant developmental care related to the mental status examination. • Discuss developmental care for infants, children, and aging adults. • Write brief descriptions of various alterations in mental status that students might encounter in the patients of various clinical agencies. Ask one or two students to provide a role-play based on the supplied description and have the rest of the group complete a mental status assessment on the “patient.” • Assign students to complete a mental status assessment of an assigned patient in a clinical setting, using responses to health history questions as the basis for the examination. • List the other domains of assessment that may be performed with the older adult. • Describe the various functional assessments that may be performed with the older adult. • In the clinical setting, have students practice assessment of the cognitive
	<ul style="list-style-type: none"> • Chapter 4, “The Complete Health History” (pp. 56, 63) • Chapter 5, “Mental Status Assessment” (pp. 80, 83t, 88t) • Chapter 6, “Substance Use Assessment” (p. 101t) • Chapter 27, “The Complete Health Assessment: Putting It All Together” (pp. 764, 769) • Chapter 30, “Functional Assessment of the Older Adult” (p. 835) 	
	DIGITAL	
	<ul style="list-style-type: none"> • Figure 5-2, “Clock drawing for the Mini-Cog.” <p><u>NCLEX Review Questions</u></p> <ul style="list-style-type: none"> • Chapter 5: Questions 1, 4-7, 10 <p><u>PowerPoint Presentations</u></p> <ul style="list-style-type: none"> • Chapter 5: Slides 3, 27 • Chapter 6: Slide 21 • Chapter 30: Slides 18-19 <p><u>Test Bank Questions</u></p> <ul style="list-style-type: none"> • Chapter 5: Questions 27, 34; 1 (MR) 	

Delirium (Acute Confusion State), cont.		<p>domain using the MMSE or other tools on hospitalized older adults.</p> <p><u>HESI Case Studies</u></p> <ul style="list-style-type: none"> • Alcoholism • Psychosis
EXEMPLAR	RESOURCES	ACTIVE LEARNING ACTIVITIES
Phobias	<p>PRINT</p> <ul style="list-style-type: none"> • Chapter 5, “Mental Status Assessment” (pp. 87t, 90t) <p>DIGITAL</p> <p><u>Test Bank Questions</u></p> <ul style="list-style-type: none"> • Chapter 5: Question 24 	<ul style="list-style-type: none"> • Define the behaviors that are considered in an assessment of a person’s mental status. • Describe relevant developmental care related to the mental status examination. • Write brief descriptions of various alterations in mental status that students might encounter in the patients of various clinical settings. Ask one or two students to provide a role-play based on the supplied description and have the rest of the group complete a mental status assessment on the “patient.” • For the person described in the following situation, have students discuss the developmental, age, socioeconomic, and cross-cultural considerations that should be addressed during the gathering of subjective and objective data and the implications for the provision of health care. Ask students to determine whether information is provided regarding appearance, behavior, cognition, and thought processes (A, B, C, and T). Have students describe any additional data that might be needed before a judgment or diagnosis can be made and cite at least one relevant nursing diagnosis for any actual or potential problem identified. <ul style="list-style-type: none"> ○ During an annual gynecologic checkup, 35-year-old Z. C.

Phobias, cont.		<p>expresses a fear of cancer of the cervix, from which her mother died last year. As you assist her to the table for the physical examination, Z. C. starts to tremble and sweat and complains of feeling cold, having a “choking” feeling, and nausea. Her respirations are shallow and rapid, and you notice that her pulse is bounding.</p> <p><u>HESI Case Studies</u></p> <ul style="list-style-type: none"> • Psychosis
EXEMPLAR	RESOURCES	ACTIVE LEARNING ACTIVITIES
Schizophrenia	<p>PRINT</p> <ul style="list-style-type: none"> • Chapter 4, “The Complete Health History” (pp. 56, 63) • Chapter 5, “Mental Status Assessment” (pp. 74t 76t, 87t) • Chapter 27, “The Complete Health Assessment: Putting It All Together” (pp. 764, 769) <p>DIGITAL</p> <p><u>NCLEX Review Questions</u></p> <ul style="list-style-type: none"> • Chapter 5: Questions 1, 9 <p><u>PowerPoint Presentations</u></p> <ul style="list-style-type: none"> • Chapter 5: Slides 4-5, 9 <p><u>Test Bank Questions</u></p> <ul style="list-style-type: none"> • Chapter 5: Questions 23, 25-26, 37, 40 	<ul style="list-style-type: none"> • Define the behaviors that are considered in an assessment of a person’s mental status. • Describe relevant developmental care related to the mental status examination. • List the four components of mental status assessment. • Use segments of movies or other visual materials and ask students to describe the mental status of the personality portrayed, using A, B, C, and T for the segment viewed. Some suggestions for movies might include <i>Terms of Endearment</i> for anger, and <i>A Beautiful Mind</i> for a psychiatric disorder (schizophrenia). • Write brief descriptions of various alterations in mental status that students might encounter in the patients of various clinical settings. Ask one or two students to provide a role-play based on the supplied description and have the rest of the group complete a mental status assessment on the “patient.” • For the person described in the following situation, have students

Schizophrenia, cont.		<p>discuss the developmental, age, socioeconomic, and cross-cultural considerations that should be addressed during the gathering of subjective and objective data and the implications for the provision of health care. Ask students to determine whether information is provided regarding appearance, behavior, cognition, and thought processes (A, B, C, and T). Because patients with alterations in thought patterns may be unable to meet their own physical needs, also have students discuss the implications for the family member providing care or community social services that may be required. Have students describe any additional data that might be needed before a judgment or diagnosis can be made and cite at least one relevant nursing diagnosis for any actual or potential problem identified.</p> <ul style="list-style-type: none"> ○ T.R. comes 5 days a week to an outpatient clinic for physical therapy and occupational therapy for strengthening and gait training after an auto accident that resulted in a head injury. In addition to a head injury, she has been prescribed chlorpromazine (Thorazine) by a psychiatrist for Schizophrenia. Today she is angry and unwilling to follow the directions of the therapist, and her tremors seem to be more pronounced. She evades orientation questions by responding, “Why do you need to know that?” <p><u>HESI Case Studies</u></p> <ul style="list-style-type: none"> • Psychosis • Schizophrenia
EXEMPLAR	RESOURCES	ACTIVE LEARNING ACTIVITIES

Mood Disorders	PRINT	<ul style="list-style-type: none"> • List the four components of mental status assessment. • Define the behaviors that are considered in an assessment of a person’s mental status. • Describe relevant developmental care related to the mental status examination. • Write brief descriptions of various alterations in mental status that students might encounter in the patients of various clinical settings. Ask one or two students to provide a role-play based on the supplied description and have the rest of the group complete a mental status assessment on the “patient.” • For each person described in the following situations, have students discuss the developmental, age, socioeconomic, and cross-cultural considerations that should be addressed during the gathering of subjective and objective data and the implications for the provision of health care. Ask students to determine whether information is provided regarding appearance, behavior, cognition, and thought processes (A, B, C, and T). Because patients with alterations in mental status may be unable to meet their own physical needs, also have students discuss the implications for the family member providing care or community social services that may be required. Have students describe any additional data that might be needed before a judgment or diagnosis can be made and cite at least one relevant nursing diagnosis for any actual or potential problem identified. <ul style="list-style-type: none"> ○ C. C., a college student, is in her advisor’s office because she has
	<ul style="list-style-type: none"> • Chapter 4, “The Complete Health History” (pp. 56, 58, 63) • Chapter 5, “Mental Status Assessment” (p. 89t) • Chapter 27, “The Complete Health Assessment: Putting It All Together” (pp. 764, 769) 	
	DIGITAL	
	<p><u>Clinical References</u></p> <ul style="list-style-type: none"> • Health Promotion Guide: Chapter 5: Depression • Quick Assessment for Common Conditions: Chapter 5: Depression <p><u>PowerPoint Presentations</u></p> <ul style="list-style-type: none"> • Chapter 5: Slides 4, 6, 9-10, 16, 25 <p><u>Test Bank Questions</u></p> <ul style="list-style-type: none"> • Chapter 5: Questions 7, 28, 33 	

Mood Disorders, cont.		<p>been issued an academic warning for her clinical performance. The advisor is aware that C. C. has a history of bipolar disorder and is under the care of a psychiatrist. C. C. is crying uncontrollably, she looks unkempt in appearance, and her speech is not completely coherent. The advisor asks C. C. whether she is considering suicide and C. C. answers “yes” and reveals that she has been saving her medications.</p> <ul style="list-style-type: none"> ○ A.H. has come for a follow-up visit for pneumonia. The practitioner is aware that her daughter was recently killed in a motor vehicle accident that involved alcohol. During the examination, the practitioner notices the smell of mints on A. H.’s breath, slurred speech, and a disheveled appearance. <p><u>Simulation Learning System</u></p> <ul style="list-style-type: none"> • Scenario HA 10-4: Kim Nguyen. Primary Diagnosis: Situational depression (not yet diagnosed). <p><u>HESI Case Studies</u></p> <ul style="list-style-type: none"> • Psychosis • Major Depressive Disorder • Depression
EXEMPLAR	RESOURCES	ACTIVE LEARNING ACTIVITIES
Advanced Dementia	<p>PRINT</p> <ul style="list-style-type: none"> • Chapter 4, “The Complete Health History” (pp. 56, 63) • Chapter 5, “Mental Status Assessment” (pp. 73, 75, 80, 82 - CS, 88t) • Chapter 10, “Pain Assessment: The 	<ul style="list-style-type: none"> • Describe relevant developmental care related to the mental status examination. • List the four components of mental status assessment. • Complete a Mini-Mental State Examination.

<p>Advanced Dementia, cont.</p>	<p>Fifth Vital Sign” (pp. 163, 170, 171f)</p> <ul style="list-style-type: none"> • Chapter 27, “The Complete Health Assessment: Putting It All Together” (pp. 764, 769) • Chapter 30, “Functional Assessment of the Older Adult” (p. 835) 	<ul style="list-style-type: none"> • Define the behaviors that are considered in an assessment of a person’s mental status. • Use segments of movies or other visual materials and ask students to describe the mental status of the personality portrayed, using A, B, C, and T for the segment viewed. Some suggestions for movies might include <i>The Over the Hill Gang</i> with George Burns for viewing older adults and, <i>Terms of Endearment</i> for anger
	<p>DIGITAL</p> <ul style="list-style-type: none"> • Figure 5-2, “Clock drawing for the Mini-Cog.” <p><u>Clinical References</u></p> <ul style="list-style-type: none"> • Quick Assessment for Common Conditions: Chapter 5: Alzheimer’s Disease (AD) <p><u>NCLEX Review Questions</u></p> <ul style="list-style-type: none"> • Chapter 5: Questions 4-7, 10 • Chapter 30: Questions 1, 4 <p><u>PowerPoint Presentations</u></p> <ul style="list-style-type: none"> • Chapter 5: Slides 3, 19, 27, 37-38 • Chapter 30: Slides 2, 18-19, 42 <p><u>Test Bank Questions</u></p> <ul style="list-style-type: none"> • Chapter 5: Questions 34, 39 	<ul style="list-style-type: none"> • Assign students to complete a mental status assessment of an assigned patient in a clinical setting, using responses to health history questions as the basis for the examination. • Write brief descriptions of various alterations in mental status that students might encounter in the patients of various clinical agencies. Ask one or two students to provide a role-play based on the supplied description and have the rest of the group complete a mental status assessment on the “patient.” • List the other domains of assessment that may be performed with the older adult. • Describe the various functional assessments that may be performed with the older adult. • Assign students to complete one or two of the instruments described in this text on an older hospitalized adult. Have them compare their findings in class. • In the clinical setting, have students practice assessment of the cognitive domain using the MMSE or other tools on hospitalized older adults. • For the person described in the following situation, have students

Advanced Dementia, cont.		<p>discuss the developmental, age, socioeconomic, and cross-cultural considerations that should be considered during the gathering of subjective and objective data and the provision of health care when performing functional assessments. In addition, have students relate expected (normal) findings to the findings described, discuss any additional information that might be needed before a judgment or diagnosis can be made, and identify at least one relevant nursing diagnosis for any actual or potential problem identified.</p> <ul style="list-style-type: none">○ M.S. and E. S. are a couple in their 80s. They have been married for almost 58 years. He is a retired military officer and they have maintained their own large home although their children are scattered across the country. They keep a busy social schedule and attend church regularly. M. S. has noticed that his wife has had more trouble lately with remembering details such as the next meeting at their home or what to buy from the grocery store. <p><u>HESI Case Studies</u></p> <ul style="list-style-type: none">● Alzheimer’s Disease● Psychosis
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OBJECTIVES

1. Describe the basic characteristics of culture and the steps to cultural competence.
2. Describe the concept of heritage consistency.
3. Explain the concept of ethnicity.
4. Discuss the influence of religion and spirituality on health and illness perception.
5. Discuss areas of potential cultural conflicts between nurses and patients of different ethnic groups.
6. Discuss components of the health belief system and their influence on health practices and illness expressions.
7. Examine the sources that influence the culture and beliefs the student embraces.
8. Provide care that reflects an acceptance of the patient as a unique individual.

KEY TERMS

- Acculturation, p. 16
- Assimilation, p. 16
- Biculturalism, p. 16
- Biomedical or scientific theory, p. 21
- *Botanica*, p. 22
- *Braucher*, p. 24
- Cultural taboos, p. 20
- Culturally appropriate, p. 14
- Culturally competent, p. 14
- Culturally sensitive, p. 14
- Culture shock, p. 20
- Culture-bound syndrome, p. 26
- *Curandero*, p. 23
- *Espiritualista*, p. 23
- Ethnic, p. 14
- Heritage consistency, p. 14
- Hot/cold theory, p. 21
- *Hougan*, p. 23
- Legal resident, p. 12
- Linguistic competence, p. 12
- Magicoreligious, p. 21
- Modern, p. 14
- Naturalistic or holistic, p. 21
- Naturalization, p. 12
- Non-immigrant, p. 12
- Pain, p. 25
- Parolee, p. 12
- *Partera*, p. 23
- Permanent resident alien, p. 12
- Refugee, p. 12
- Religion, p. 15
- *Sabedor*, p. 23
- *Shaman*, p. 24
- Socialization, p. 16
- Socialization, p. 14, 16
- Spirituality, p. 16
- Spirituality, p. 16
- Traditional, p. 14
- *Yerbo(ba)*, p. 23
- Yin/yang theory, p. 21

NURSING CURRICULUM STANDARDS

QSEN

- Patient-Centered Care
 - Transcultural Expression of Pain, p. 24

CONCEPTS

The following conceptual themes and specific concepts match those presented in Giddens JR (2013): *Concepts in nursing practice*. St. Louis: Elsevier. The specific exemplars chosen and listed below for each concept have been tailored specifically to correspond to the Jarvis textbook.

THEME: Comfort

- Concept: Pain
 - Exemplar: Transcultural Expressions of Pain, p. 25

BSN Essentials

- Essential I: Liberal Education for Baccalaureate Generalist Nursing Practice
 - Immigration, p. 12
 - Cultural Competence and CULTURAL CARE, p. 14
 - Health-Related Beliefs and Practices, pp. 19-20
 - Culture and Disease Prevalence, p. 27
- Essential V: Healthcare Policy, Finance, and Regulatory Environments
 - Immigration, p. 12
 - New National Standards, p. 12
- Essential VII: Clinical Prevention and Population Health
 - Immigration, p. 12
- Essential VIII: Professionalism and Professional Values
 - Spirituality and Religion, p. 16
- Essential IX: Baccalaureate Generalist Nursing Practice
 - Immigration, p. 12
 - Healing and Culture, p. 23
 - Culture and Disease Prevalence, p. 27
 - Table 2-2, p. 24

STUDENT CHAPTER RESOURCES

Chap. 02 **PREPARE FOR CLASS, CLINICAL, OR LAB**
READ – Textbook (pp. 11-28)

REVIEW – Evolve Resources

- Key Point Summaries
- Clinical Reference

PREPARE – Skills & Procedural Guidelines

- Table 2-5 Guide for Cultural Care

PREPARE FOR EXAMS

- Chapter 02 NCLEX-Style Review Questions

INSTRUCTOR CHAPTER RESOURCES	
TB	TESTING RESOURCES – Test Bank <ul style="list-style-type: none"> To access the ExamView format, go to the Downloads section.
PPT	TEACHING RESOURCES – PowerPoint Presentation
IC	TEACHING RESOURCES – Image Collection <ul style="list-style-type: none"> Figure 2-1. Cultural and linguistic competence enables work in cross-cultural situations. Figure 2-2. Cultural background is a fundamental component of a person’s ethnic background. Figure 2-3. A, The Vietnam Wall. B, Saint Peregrine. C, Thai Spirit House. D, Buddhist Shrine. Figure 2-4. Heritage assessment. Figure 2-5. The interior of a <i>botanica</i>. Figure 2-6. A, The glass blue eye from Turkey, seen here, is an example of an amulet that may be hung in the home. B, A seed with a red string may be placed on the crib of a baby of Mexican heritage. C, These bangles may be worn for protection by a person of Caribbean heritage. D, This small packet is placed on a crib or baby’s room of a baby of Japanese heritage. Figure 2-7. A, This “ tonic ” sold in a <i>botanica</i> is used to treat asthma. B, The traditional medicine bag of an American Indian shaman is used to carry necessary medicines. C, The leaves in this package may be used by a person of Chinese heritage to treat indigestion. D, This candle may be burned for cleansing by a person of Mexican heritage.
ETC.	TEACHING RESOURCES – Conversion Guide TEACHING RESOURCES – Answer Key—Answers to Study Guide Questions in Student Lab Manual

TEACHING STRATEGIES		
CONTENT FOCUS	CONTENT HIGHLIGHTS	LEARNING ACTIVITIES
DEMOGRAPHIC PROFILE OF THE UNITED STATES IMMIGRATION	<p>In comparison with the population of the United States, show the demographic diversity of your university and how it has changed in the past 10 years.</p> <p>Review the terms and categories of the immigrant populations and their impact on the health care field.</p>	<ul style="list-style-type: none"> Activity: Have the students take a walk through the health care facility, noting the different cultures represented. Online Activity: Search for the statistics on the demographics in your area.
NEW NATIONAL STANDARDS	Read and discuss Table 2-1: National Standards for Culturally and Linguistically Appropriate Services in Health Care.	<ul style="list-style-type: none"> Activity: Assign each student a particular culture or religion. Ask the student to research how that culture would influence decisions about medical treatment.

<p>Linguistic Competence</p> <p>Health Disparities</p> <p>Cultural Competence and CULTURAL CARE</p>	<p>Give examples of how health care workers need to learn to communicate with and without interpreters.</p> <p>Recommend reading material for health care workers that explains what diseases are more frequent in certain cultures and ethnic groups.</p> <p>Discuss sensitivity and appropriate actions for the many aspects of CULTURAL CARE. Compare the terms <i>culturally sensitive, culturally appropriate, and culturally competent.</i></p>	
<p>HERITAGE</p> <p>Culture</p> <p>Ethnicity</p> <p>Religion</p> <p>Spirituality and Religion</p> <p>Socialization</p>	<p>Discuss the degree of an individual's involvement in his or her culture and how this would influence the person's medical treatment.</p> <p>Discuss the four basic characteristics of culture, explaining your own culture according to these characteristics.</p> <p>Explain and contrast the processes of assimilation, acculturation, and biculturalism and discuss whether they are positive or negative processes.</p> <p>Discuss how certain religious beliefs may influence decisions about medical care.</p> <p>Explain to the students that knowing, understanding, and accepting one's own background helps a person better understand the views of others.</p>	<ul style="list-style-type: none"> • Discussion Topic: How do various religious, cultural, and spiritual beliefs affect the patient's perception of (1) how he or she will relate the symptoms to the caregiver and (2) the care the patient receives? How will this influence the diagnosis? • Activity: Ask students to use the Heritage Assessment on page 18 to interview a person on campus who is from a different cultural group than they are. Have students report back to the class.
<p>HERITAGE ASSESSMENT</p>	<p>Review the questions necessary to determine an individual's background. Discuss what other questions or concerns might arise from the answers obtained from the questionnaire.</p>	<ul style="list-style-type: none"> • Small Group Activity: Divide the class into small groups. Have each group develop questions that may be used during a heritage assessment. Major topics that may be considered include the following: <ul style="list-style-type: none"> ○ Self-reported race and ethnicity ○ Religious beliefs and practices ○ Roles in the family/significant others ○ Verbal and nonverbal communication patterns, including primary language ○ Environmental influences



		<ul style="list-style-type: none"> ○ Beliefs and practices regarding food ○ Beliefs and practices regarding health and illness ○ Attitudes toward pain and the expression of pain ○ Use of traditional healers ○ Methods of treating illnesses ○ Cultural taboos ○ Culture-bound syndromes
HEALTH-RELATED BELIEFS AND PRACTICES	Explain that understanding certain beliefs and practices sometimes gives insight into the cause and effect of a person's symptoms and into the individual's way of describing those symptoms.	<ul style="list-style-type: none"> ● Small Group Activity: Give each student a paper that states a particular problem or disease. Make sure several students are given the same problem. The problem can be psychological, emotional, or physical. Without revealing the problem or disease, have each student describe to his or her group the symptoms that might be seen, and have the rest of the group attempt to diagnose the condition. After an appropriate period, have the student reveal the problem. Then, discuss the different ways the students explained the symptoms of the same problem.
TRADITIONAL CAUSES OF ILLNESS	Review the three major ways to view the cause of disease.	<ul style="list-style-type: none"> ● Discussion Topic: Have individual students explain how his or her personal background may influence his or her view of medical care. ● Activity: Have students visit a natural health food store and investigate alternative remedies for health problems they or a family member might have. Have students present their findings to the class, along with their opinions and the results if they chose to try the natural remedy. Analyze the cost-effectiveness of the natural remedies. ● Online Activity: Investigate the website for the National Center for Complementary and Alternative Medicine at www.nccam.nih.gov. Consider the information on clinical trials about alternative therapies.
Biomedical	Discuss the theories of yin/yang and hot/cold. Examine how these beliefs can influence the acceptance of Western medicine.	
Naturalistic	Explain the belief that supernatural forces have an effect on illness and healing. Bring in examples of amulets and natural remedies, examining their function in a cultural or ethnic group.	
Magico-religious	Explain that cultures and belief systems have their own healers and methods of healing. Review Table 2-3.	
Healing and Culture		
TRANSCULTURAL EXPRESSION OF ILLNESS	Discuss your experience with patients and the way they express pain. Give an example of a misdiagnosis of pain because of an unfamiliar pain expression.	<ul style="list-style-type: none"> ● Activity: In the clinical area, have students complete a pain assessment of an assigned patient. Include in the data collected the patient's cultural group and its influence on health behavior and perception of pain.
Transcultural Expression of Pain		
Culture-Bound	Give examples of patients with no	

Syndromes	scientific or biomedical explanation for their symptoms. Review Table 2-4; include additional information from your own experience and invite student input.	
Culture and Treatment	Give examples of home remedies or alternative remedies used in various cultures.	
Culture and Disease Prevalence	Show how gathering the appropriate cultural data can aid the outcome of treatment.	
STEPS TO CULTURAL COMPETENCY	Learning the various steps and gaining cultural experience help the practitioner understand the many factors involved in CULTURAL CARE.	<ul style="list-style-type: none"> • Activity: Have students look into their community for various community groups that serve as resources for specific cultural groups. Invite representatives to share their organization's goals with the class.

IN-CLASS/ONLINE CASE STUDY

The home care nurse is seeing a 68-year-old Vietnamese woman for an initial visit. The patient was discharged from the hospital with a diagnosis of congestive heart failure (CHF). The home health nurse notices the patient's blood pressure is elevated, and the patient has a productive cough. The patient speaks very little English. However, the patient's daughter is present and able to interpret. The nurse completes a full health assessment, including a review of medications, and notes that the patient was prescribed a diuretic and a beta-blocker for blood pressure regulation. The daughter shares with the nurse that her mother does not like taking medications and chooses to take herbal remedies instead. Upon assessment, the patient's vital signs are: T 98.6 P 76 R 20 BP 160/80, O₂ saturation 94%. The patient's lungs are positive for scattered rhonchi in the upper bases, clear in the lower bases, rhonchi clears with cough. The patient's heart rate is regular with no audible mummings, +2 edema bilateral in the lower extremities. The patient denies pain.

1. Based on the information presented by the patient's daughter, what is the most likely cause of the elevated blood pressure, edema, and rhonchi?

Answer: The daughter stated that her mother does not like using medications and prefers to use herbal remedies. It is likely that this patient is not taking the prescribed medications, as evidenced by the clinical presentation and the patient's preference for natural remedies and has developed pulmonary edema.

Rationale: Wide cultural variation exists in the manner in which certain symptoms and disease conditions are perceived, diagnosed, labeled, and treated. Asian cultures may believe that illness is caused by an upset in the balance of "yin and yang" and are likely to turn to herbal remedies, acupuncture, moxibustion, or cupping for health restoration.

2. What interventions should the nurse incorporate into the plan of care for this patient?



Answer: Perform a health beliefs and practices assessment to determine which beliefs and home remedies the patient is currently using and the frequency of use. Assess the patient's knowledge of the prescribed medications.

Rationale: The patient may be using remedies that can interfere with or take the place of the prescribed medications. It is important for the nurse to check for interactions among prescribed medications and herbal remedies. It is important to be aware of the existence of traditional folk practices and to include this as part of the assessment. It is also important to understand the patient's knowledge level of the prescribed medications.

3. What steps does the nurse need to take to become culturally competent?

Answer: Cultural competence involves several steps, including (1) understanding one's own heritage on the basis of cultural values, beliefs, attitudes, and practices relevant to health and illness, (2) identifying the meaning of health to the other person, keeping in mind that different groups may have different definitions of health, (3) understanding the health care delivery system, (4) being knowledgeable about the social backgrounds of patients, and (5) being familiar with the language spoken by patients and the resources available to help with interpretation.

Rationale: Understanding his or her own culture helps the nurse understand and appreciate other cultures. Assessing the patient's heritage assists the nurse in providing care that is customized to the patient's needs. Customizing the plan of care helps ensure adherence to the prescribed regimen.

4. What interventions can the nurse include to provide care that reflects an acceptance of the patient's health and illness beliefs and practices?

Answer: Provide access to interpretation services for all patients with limited English proficiency. Provide written communication in both English and the patient's native language. Thoroughly document the patient's heritage assessment on the medical record. Provide education in lay terms to ensure understanding, especially regarding prescription drug information. Research the herbal remedies the patient is using to determine the benefits and risks of those remedies. If not contraindicated with the prescriptions, the patient may have more compliance with continuing the herbal remedies than the prescriptions.

Rationale: Providing interpretation services respects the patient's right to understand the plan of care. Providing written communication serves as a reference when patients are discharged. Documenting the heritage assessment in the medical record is important for collaborating with other health professionals; it also ensures that the patient is not being asked the same questions more than once. Willingness to adjust the plan of care to meet the patient's belief system will ensure better compliance with medical interventions as well as provide patient-centered care.

CHAPTER 02: ANSWERS TO STUDY GUIDE QUESTIONS IN STUDENT LAB MANUAL

Note: Answers to these questions can be found on Evolve site. Click [here](#).

1. Under the provisions of Title VI of the Civil Rights Act of 1964, when people with Limited English Proficiency (LEP) seek health care in health care settings such as hospitals, nursing homes, clinics, day care centers, or mental health centers, services cannot be denied to them. There are many forms of illegal discrimination based on race, color, or national origin that frequently limit the opportunities of people to gain equal access to health care services. It is said that language barriers have a deleterious effect on health care, and patients are less likely to have a usual source of health care, as well as an increased risk of nonadherence to medication regimens (pp. 12-13). If faculty wants to dig a bit deeper on Title VI, here is some more information: An agency that is the recipient of federal financial assistance may not, based on race, color, or national origin:
 - Deny services, financial aid or other benefits provided as a part of health or human service programs.
 - Provide a different service, financial aid or other benefit, or provide them in a different manner from those provided to others under the program.
 - Segregate or separately treat individuals in any matter related to the receipt of any service, financial aid or other benefit. This refers to people with Limited English Proficiency.

2. One response to the government mandates for cultural competency is the development of Cultural Care Nursing, a concept that describes professional nursing that is culturally sensitive, appropriate, and competent. There is a discrete body of knowledge relevant to this nursing and many of the content factors are introduced in this chapter.
 - Culturally Sensitive implies that the caregivers possess some basic knowledge of and constructive attitudes toward the diverse cultural populations found in the setting in which they are practicing.
 - Culturally Appropriate implies that the caregivers apply the underlying background knowledge that must be possessed to provide a given patient with the best possible health care.
 - Culturally Competent implies that the caregivers understand and attend to the total context of the patient's situation including awareness of immigration status, stress factors, other social factors, and cultural similarities and differences (p. 14).

3. The values indicating heritage consistency exist on a continuum, and a person can possess value characteristics of both a heritage consistent (traditional: that is, living within the norms of the traditional culture) and a heritage inconsistent (modern: that is, acculturated to the norms of the dominant society). The concept of heritage consistency includes a determination of one's cultural, ethnic, and religious background and socialization experiences (p. 14).

4. Culture is:
 - (1) Learned from birth through the processes of language acquisition and socialization.
 - (2) Shared by all members of the same cultural group.
 - (3) Adapted to specific conditions related to environmental and technical factors and to the availability of natural resources.
 - (4) Dynamic and ever changing.
5. Examples of health practices related to religion include:
 - (1) Modesty—how body should be covered: Dress, head coverings.
 - (2) Diet —food combinations or taboos.
 - (3) Gender preferences— that is, the preference for gender specific care: Men with men, women with women.
 - (4) Blood—not able to take blood transfusions: Jehovah's Witnesses.
6. Factors related to socialization include:
 - (1) Acculturation— the process of adapting to and acquiring another culture.
 - (2) Assimilation—the process by which a person develops a new cultural identity and becomes like the members of the dominant culture.
 - (3) Biculturalism—dual pattern of identification and often of divided loyalty.
7. Major theories include:
 - (1) *Biomedical*: Also called scientific, based on the assumption that all events in life have a cause and effect, that the human body functions mostly in a mechanical way, that all life can be reduced or divided into smaller parts, such as body, mind, spirit, and that all of reality can be observed and measured. The germ theory is an example of this explanation of illness.
 - (2) *Naturalistic*: Also called holistic perspective, based on the viewpoint that human life is only one aspect of nature and a part of the general order of the cosmos. The forces of nature must be kept in natural balance or harmony. The yin/yang theory held by many Asians, and the hot/cold theory of health and illness held by many groups, are examples of this explanation of illness.
 - (3) *Magicoreligious*: With this perspective the world is seen as an arena in which supernatural forces dominate, and the fate of the world and those in it depends upon the action of

supernatural forces for good or for evil. Examples of magical causes of illness include belief in voodoo or witchcraft.

8. The yin/yang theory is the basis for Eastern or Chinese medicine, and is commonly embraced by many Asian Americans. This theory perceives that health exists when all aspects of the person are in perfect balance. This theory states that all organisms and objects in the universe consist of yin and yang energy forces. Yin energy represents the female and negative forces, such as emptiness, cold, and darkness; yang forces are male and positive, emitting warmth and fullness. With this theory, foods are classified as either hot or cold (yin foods are cold, yang foods are hot). Cold foods are eaten with a hot illness; hot foods are eaten with a cold illness.
9. The hot/cold theory of health and illness states that the treatment of disease consists of adding or subtracting cold, heat, dryness, or wetness to restore health. Beverages, foods, herbs, medicines, and diseases are classified as hot or cold according to their perceived effects on the body, not their physical characteristics. Examples of illnesses believed to be caused by cold entering the body include earaches, chest cramps, paralysis, GI discomfort, rheumatism, and tuberculosis. Examples of illnesses believed to be caused by overheating are abscessed tooth, sore throat, rashes, and kidney disorders. The individual is treated as a whole, not just as a person with a certain ailment.
10. Names for folk healers include:
 - (1) Hispanic: *curandero(ra)*, *espiritualista* (spiritualist), *yerbo* (herbalist), *sabedor* (healer who manipulates bones or muscles).
 - (2) Africans: *hougan* (a voodoo priest or priestess); spiritualist or “old lady.”
 - (3) Native American: *shaman* or medicine (wo)man.
 - (4) Asians: herbalists, acupuncturists, or bone setters.
 - (5) Amish: *braucher*.
11. Some people may have a condition that is culturally defined, known as a culture-bound syndrome. Some of these conditions have no equivalent from a biomedical/scientific perspective. See Table 2-3, p. 25, for examples related to various cultures.
12. Complementary interventions include:

Acupuncture, acupressure; therapeutic touch, massage; therapeutic use of music, biofeedback; relaxation techniques, meditation; hypnosis, distraction; imagery, iridology; reflexology, and herbal remedies. See pp. 26-27 in text.