Domain 6: Cultural Aspects of Care

Practice Examples

Practice Example D6-A

A long-term care community incorporates palliative care screening and assessments into the care plan for all its residents with serious illness, and includes an interdisciplinary team in the regular family case review. This community has experienced a significant demographic shift over time with more aging residents who have recently immigrated to the area to be near family, as well as an aging lesbian, gay, bisexual, transgender, queer, intersex, asexual (LGBTQIA) community. To promote culturally respectful palliative care, this long-term care community expands its comprehensive assessment to better assess values, beliefs, and traditions related to health, illness, chosen family, caregiver roles, and decision-making. All patients are asked to identify their gender identity and preferred pronouns. A more comprehensive cultural assessment is completed on admission and reviewed with status changes of the resident’s condition. The community provides an ongoing educational series for all staff related to culturally respectful care.

Practice Example D6-B

A palliative care program on a Native American reservation provides palliative care to adults in the hospital and clinic settings. The program has three palliative care specialist physicians within its family medicine practice. The interdisciplinary team is created to reflect the needs of the people it serves and includes team members with shared roles:

- Registered nurses who provide hands on care and care coordination
- Social workers who also serve as translators for native-speaking patients and families
- Patient advocates from the community who help patients complete advance directives
- Dieticians who provide supplements to eligible patients and help with diabetes teaching and counseling
- A medicine man who offers spiritual support performing rituals for patients, family members, as well as the staff

Practice Example D6-C

A hospice provides a rural telehealth palliative care program to support underserved populations. The program consists of a comprehensive in-person assessment conducted by a palliative care specialist followed by weekly nurse coaching sessions by telephone. The registered nurse coaches receive intensive training in symptom management, as well as problem solving and supporting patient-family decision-making skills. They help coordinate and connect the patients and families to other resources and prompt clinical visits when necessary.

Practice Example D6-D

A public hospital struggles to provide palliative care services with limited resources and the complex needs of its socioeconomically disadvantaged and culturally diverse patient population. Some patients do not live in areas where there are hospice programs, so the hospital has made referrals to the public health department for follow-up nursing care for the seriously ill patients. A hospital discharge to the home of a dying Hmong child demonstrated the need for better communication and training of the expanded team. The public health nurse making the home visit had not been briefed on the imminent...
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death of the child or the cultural observances of the family and unfortunately misinterpreted them – prompting a 911 transport despite the family’s objections. The child died in the ambulance. The palliative care service is working with others to better highlight and explicitly communicate the cultural context of care within the written and verbally transmitted medical discharge plans, and to collaborate more actively with community partners through education and training.

Practice Example D6-E

A large community hospice would like to better serve the Hispanic and Latino population in its urban community. There are many misconceptions regarding hospice care and advance care planning. The hospice and the local community center work together to create a program for local public radio. The program is set up as a multi-episode radio novella story of a family with an aging grandmother who is reaching the end of life, and the challenges the family faces with her care and with the hospital. The radio novella is an entertaining and engrossing way to present information around advance care planning, correct misunderstandings about hospice, and educate people about end-of-life care. Families in the community identify the radio program as helping pave the way for them to understand and utilize hospice care when it is indicated. The process also creates a powerful collaboration between the hospice and local community center that better supports families with grief and bereavement needs and creates a more culturally sensitive bereavement program.

Practice Example D6-F

A large pediatric tertiary care hospital provides palliative care to a diverse patient population. To better serve patients and families whose primary language is not English, the team partners with the medical interpreter services department to provide education on palliative care topics. The team meets with the interpreter prior to patient and family encounters to prepare the interpreter for the topics that will be discussed. In addition, an interpreter is assigned primary responsibility for palliative care patients and is a member of the weekly palliative care interdisciplinary rounds. Palliative care team members have found incorporating medical interpreter services into the IDT to be extremely helpful, and it has resulted in improvements in patient- and family communication and increased cultural sensitivity. Incorporating the interpreter into the palliative care team offers opportunities for additional support for the interpreter staff, for debriefing for both the team and the interpreter staff, and enhanced cultural competency for IDT members.