

Jarvis: Physical Examination & Health Assessment, 6th Edition

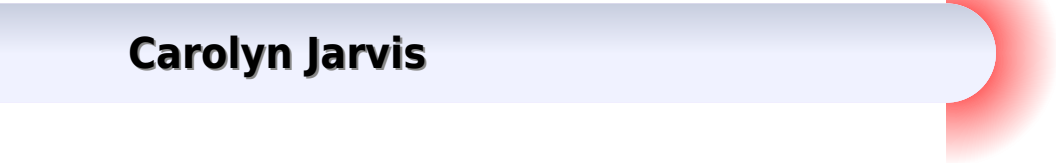
Chapter 02: Cultural Competence: Cultural Care

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.

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Carolyn Jarvis



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informed care New to this edition are real life case studies and a new chapter on practical nursing in Canada Based on Potter Perry s respected Fundamentals text and adapted and edited by a team of Canadian nursing experts led by Barbara J Astle and Wendy Duggleby this book ensures that you understand Canada s health care system and health care issues as well as national nursing practice guidelines More than 50 nursing skills are presented in a clear two column format that includes steps and rationales to help you learn how and why each skill is performed The five step nursing process provides a consistent framework for care and is demonstrated in more than 20 care plans Nursing care plans help you understand the relationship between assessment findings and nursing diagnoses the identification of goals and outcomes the selection of interventions and the process for evaluating care Planning sections help nurses plan and prioritize care by emphasizing Goals and Outcomes Setting Priorities and Teamwork and Collaboration More than 20 concept maps show care planning for clients with multiple nursing diagnoses UNIQUE Critical Thinking Model in each clinical chapter shows you how to apply the nursing process and critical thinking to provide the best care for patients UNIQUE Critical Thinking Exercises help you to apply essential content Coverage of interprofessional collaboration includes a focus on patient centered care Indigenous peoples health referencing the Truth and Reconciliation Commission TRC Report the CNA Code of Ethics and Medical Assistance in Dying MAID legislation Evidence Informed Practice boxes provide examples of recent state of the science guidelines for nursing practice Research Highlight boxes provide abstracts of current nursing research studies and explain the implications for daily practice Patient Teaching boxes highlight what and how to teach patients and how to evaluate learning Learning objectives key concepts and key terms in each chapter summarize important content for more efficient review and study Online glossary provides quick access to definitions for all key terms

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Hip and Knee Pain Disorders Benoy Mathew,Carol Courtney,César Fernández-de-las-Peñas,2022-06-21 Hip and Knee Pain Disorders has been written to provide a state of the art evidence informed and clinically informed overview of the examination and conservative management of hip knee pain conditions Under the current predominantly evidence based practice paradigm clinician expertise patient preference and best available research determine examination and prognostic and clinical management decisions However this paradigm has been understood by many to place greater value and emphasis on the research component thereby devaluing the other two Evidence informed practice is a term that has been suggested to honor the original intent of evidence based practice while also acknowledging the value of clinician experience and expertise In essence evidence informed practice combines clinical reasoning based on current best evidence with authority based knowledge and a pathophysiological rationale derived from extrapolation of basic science knowledge Unlike other published textbooks that overemphasize the research component in decision making this book aims to address the clinical reality of having to make decisions on the management of a patient with hip knee pain in the absence of a comprehensive scientific rationale using other sources of knowledge It offers an evidence informed textbook that values equally research evidence clinician expertise and patient preference The book is edited by three recognised world leaders in clinical research into manual therapy and chronic pain Their research activities are concentrated on the evidence based management of musculoskeletal pain conditions using conservative interventions For this book they have combined their knowledge and clinical expertise with that of 54 additional contributors all specialists in

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