



**“CUES” Communication, Understanding,
Education & Self-Assessment
Audiovisual Resources Available in the
Medical Education Media Center
Rm. M2-C04A, ph. 235-1864, 235-1832**

ACP Clinical Skills Collection [Efficiency through Effective Communication] [DVD] AV DV 06:9 Wendy Levinson, M.D., FACP and David Gullen, M.D., MACP; American College of Physicians (ACP), American Society of Internal Medicine
SUMMARY FOR EFFICIENCY THROUGH EFFECTIVE COMMUNICATION: This evidenced-based, skills presentation demonstrates five sets of skills including: opening the interview, establishing patient expectations, understanding patients' beliefs, making decisions, and closing the interview. In the current practice environment, physicians face countless demands on their time. This videotape is designed to help practicing physicians learn communication skills to make the office visit more efficient and effective.

The Angry Heart: The Impact of Racism on Heart Disease Among African Americans [DVD] Fanlight Productions 1 DVD, 57 min.; AV DV 06:17

SUMMARY: Spotlights the epidemic of heart disease among African Americans through the story of 45-year-old Keith Hartgrove, who has already experienced two heart attacks and quadruple bypass surgery. Together with the experts who are interviewed in this important new documentary, he analyzes the impact of a wide variety of factors including depression, stress, diet, smoking and other lifestyle issues, but makes clear that, for African-Americans, such factors are inseparable from racism, and from the discrimination, poverty, segregation, substandard education, and day-to-day tensions which racism engenders.

Assisting Patients Who Need Lifestyle Changes Joseph Giangola; The Network for Continuing Medical Education DVD; 60 min. AV DV 05:20

SUMMARY: This program provides nonpharmacologic approaches to slowing disease progression and improving the quality of life of patients with chronic disease. It focuses on educational and counseling strategies to help patients improve their diet and nutrition, increase their physical activity, and enhance their problem-solving and coping skills. The strategies that Dr. Giangola and his team employ at their center to help patients with diabetes make healthy lifestyle changes can also be used to assist patients with heart disease, the metabolic syndrome, cancer, or other chronic illnesses. The lifestyle changes program that is discussed in this video is emblematic of other hospital-based education programs in the United States that are accredited by the American Diabetes Association.

Communication Skills in Clinical Practice, Part 1. Communication: The Basics [DVD] Dr. Robert Buckman; Dr. Walter F. Baile; Dr. Barbara Korsch; Health Education and Training DVD; 74 min.; AV DV 11:24 (1)

SUMMARY: This series includes over 20 scenarios with simulated patients illustrating various clinical situations, communications problems and approaches to dealing with them. The first program's objectives are: understanding the 4 "E's": engaging, empathy, educating, and enlisting (also eliciting the patient's expectations); the basic structure of the clinical interview: the CLASS strategy (context, listening, acknowledgment, strategy, summary) examples of how to use the techniques, and finally how NOT TO COMMUNICATE.

Communication Skills in Clinical Practice, Part 2. Dealing With Feelings [DVD] Dr. Robert Buckman; Dr. Walter F. Baile; Dr. Barbara Korsch; Health Education and Training DVD; 55 min.; AV DV 11:24 (2)

SUMMARY: This series includes over 20 scenarios with simulated patients illustrating various clinical situations, communications problems and approaches to dealing with them. The second video in this series provides illustrations of: acknowledging the patient's emotion BEFORE going on to address the issue that started the emotion; the empathic response; how to cope with patients who are angry or difficult; how to deal with severe depression.

Communication Skills in Clinical Practice, Tape 3. Hidden Agendas and Special Situations [DVD] Dr. Robert Buckman; Dr. Walter F. Baile; Dr. Barbara Korsch; Health Education and Training DVD; 79 min.; AV DV 11:24 (3)

SUMMARY: This series includes over 20 scenarios with simulated patients illustrating various clinical situations, communications problems and approaches to dealing with them. The third program in this series deals with: how to recognize the warning signs of a patient's hidden agenda; how to explore psycho-social issues; how to discuss anorexia in a patient hypocalcemia due to laxative abuse; how to discuss early Alzheimer's disease; discussions around the diagnosis of AIDS.

Communication Skills in Clinical Practice, Part 4. How to Break Bad News [DVD] Dr. Robert Buckman; Dr. Walter F. Baile; Dr. Barbara Korsch; Health Education and Training DVD, 79 min.; AV DV 11:24 (4)

SUMMARY: This series includes over 20 scenarios with simulated patients illustrating various clinical situations, communications problems and approaches to dealing with them. Tape four in this series illustrates: the SPIKE protocol for breaking bad news (setting, perception, invitation, knowledge, exploring emotions, strategy and summary) ; interviews with simulated patients with rheumatoid arthritis and breast cancer ; special or difficult situations such as: "how long have I got?", "my mother is not to be told," "your husband has died."

Communication Skills in Clinical Practice, Part 5. Genetic Testing, Pediatrics and End-of-Life [DVD] Dr. Robert Buckman; Dr. Walter F. Baile; Dr. Barbara Korsch; Health Education and Training DVD; 69 min.; AV DV 11:24 (5)

SUMMARY: This series includes over 20 scenarios with simulated patients illustrating various clinical situations, communications problems and approaches to dealing with them. The fifth video in this series address the following topics: how to discuss genetic testing with a patient; how to discuss the results of genetic testing; areas in which communication in pediatrics differs from that in adult medicine; discussing a diagnosis of Down's syndrome with a new mother; how to discuss a Do Not Resuscitate order with a patient; discussing discontinuation of ventilate or support with a family

Community Voices: Exploring Cross-cultural care through Cancer [DVD] Fanlight Productions 1 DVD, 69 min.; AV DV 06:16

SUMMARY: Using cancer as a lens to explore the many ways that differences in culture, race and ethnicity affect health and the delivery of healthcare services, there are six clearly defined section intended as triggers for discussion. They explore language, interpretation and communication styles; the meanings of illness; patterns of help seeking; social and historical context; core cultural issues; and building bridges. Drawing on the insights of community, healthcare, and academic leaders, it helps to integrate cultural awareness and skill building into training programs for all health professionals. Specific issues: How do diverse languages and communication styles impact health care interactions? How do the meanings attributed to illness in different cultures affect people's experience of illness? What do people do to promote health or treat illness, and why? How do social context and personal history impact health behaviors? How do values regarding authority, gender, physical contact, decision making, and religion affect health? How can people work together to provide high-quality care to diverse individuals and communities?

Cultural Issues in Latino Health: Dialogue and Patient Interview Techniques for an Improved Outcome [DVD] AV DV 06:21

Edwin Galan; UMKC School of Medicine 1 DVD; 56 min.; NOTE: Edwin Galan is the Regional Minority Health Coordinator for the Region VII states of Iowa, Kansas, Nebraska and Missouri, and their Community Based Partners; Senior Minority Health Advisor to the DHHS Regional Health Administrator; and, Cabot Westside Health Center Board of Directors - Saint Luke's Health System. He was the invited speaker of Hispanic Heritage Month.

SUMMARY: The objectives for discussion are: The impact of effective communication on health care, the medical interview, facilitating access, reducing medical errors, and assuring patient knowledge of and ability to adhere to treatment plans and the types of language interpretation that support effective patient-physician communication.

The Culture of Emotions: A Cultural Competence and Diversity Training Program [DVD] Fanlight Productions 1 DVD, 58 min.; AV DV 06:14

SUMMARY: This program is designed to introduce cultural competence and diversity skills to all clinicians and students who work with clients with mental health issues in academic, community mental health, or managed care settings. Clinicians and researchers from a variety of cultural backgrounds contribute their personal and professional perspectives. The video introduces the DSM-IV Outline for Cultural Formulation (OCF), a concise diagnostic method for the assessment of psychiatric disorders across cultural boundaries and diagnostic categories. The topics covered in its distinct five sections include: cultural identity, cultural expression and explanations of illness, cultural stressors and supports, cultural elements of the clinician-patient relationship, cultural assessment for differential diagnosis, and treatment planning.

The Doctor [DVD] Ed Rosenbaum, MD; Touchstone Pictures; Distributed by Touchstone Home Video DVD; 123 min.

AV DV 11:1 NOTE: Also available, "When the Doctor Faces Personal Illness," a lecture by Dr. Rosenbaum, from the "Humanities in Healing" series videotaped at UMKC School of Medicine (call # A/V DV 10:10).

SUMMARY: Gripping and emotional true-life dramatization of the autobiographical novel written by Dr. Ed Rosenbaum. The

central character, played by the actor William Hurt, is a successful heart surgeon who gets the chance to find out what life is like on the other side of the scalpel when he discovers he has a throat tumor. The movie gives the patient's view of dealing with the healthcare industry, physician-patient relations, attitudes of healthcare professionals, and facing the possibility death or disability. The resolution of these life-altering events results in a more humanitarian medical practice for the "doctor" and on his method of teaching medicine. Highlighted by superior acting, an insightful script and surprising humor, Randa Haines' film also stars Christine Lahti, Mandy Patinkin and Elizabeth Perkins.

Eliminating the Disparities Observed in Our Health Care Delivery System [DVD] AV DV 06:20

Augustus A. White, III, M.D., Ph.D.; University of Missouri-Kansas City [UMKC], School of Medicine DVD, 60 min.

SUMMARY: This video is a roundtable discussion presented on Sept. 20th, 2006 at the UMKC School of Medicine by invited speaker, Augustus A. White, III, M.D., Ph.D., Orthopaedic Surgeon-In-Chief, Emeritus Beth Israel Deaconess Medical Center, Boston Massachusetts; Professor of Medical Education and the Master of the Oliver Wendell Holmes Society at Harvard Medical School; Chairman of the Culturally Competent Care Committee at Harvard Medical School. Topics include current methods developed by Harvard Medical School to include cultural competency in their training.

Family Physician's Practical Guide to Culturally Competent Care [DVD].S. Department of Health and Human Services' (HHS')

Office of Minority Health (OMH) 1 DVD (compatible with a DVD player or DVD playback capable computer; AV DV 06:11U

SUMMARY: This program is a self-directed training course for family physicians. With growing concerns about racial and ethnic disparities in health and about the need for health care systems to accommodate increasingly diverse patient populations, cultural competence has become more and more a matter of national concern. To train physicians to care for diverse populations, the U.S. Department of Health and Human Services' (HHS') Office of Minority Health (OMH) has commissioned Cultural Competency Curriculum Modules (CCCMs). In this program 3 themes are developed: culturally competent care, language access, and organizational support. Within each theme, modules contain video case studies and quizzes. The cases include Hispanic, Native American, Vietnamese and Ethiopian patients. The learning objectives are to: define issues related to cultural competency in medical practice, devise strategies to enhance cultural competency skills in clinical practice, identify strategies to promote self-awareness, and to demonstrate the advantages of CLAS standards as appropriate in clinical practice

Fighting for Life [DVD] American Film Foundation 1 DVD, 89 min.; AV DV 10:8

SUMMARY: Academy Award-winning documentarian Terry Sanders probes the military medical establishment in this film, "Fighting for Life: A Documentary about Healers at War." Military medicine -- it's a breed apart from most other medical practice, if only for sheer intensity. That's the message this film conveys. That and the need to train doctors and nurses who are ready, willing, and able to deal with the stress. Following several doctors and nurses through their training and to the field, Sanders shows the heroic and heartbreaking situations healers face during times of war as they attempt--sometimes in vain--to provide life-saving care to combatants and innocents--particularly children--who happen to be in harm's way.

The Gift of Gab: Essential Communication Skills in Patient Care [DVD] Christine Sullivan, M.D.; University of Missouri - Kansas City [UMKC] School of Medicine DVD, 46 min.;] AV DV 07:15 NOTE: This is a Medicine Grand Rounds presentation of "The 2006-07 Alumni Achievement Award Recipient," and lecture, presented on April 6th, 2007. The recipient and lecturer is Christine Sullivan, Dept. of Emergency Medicine, Truman Medical Centers, UMKC School of Medicine.

SUMMARY: At the end of this presentation, participants should be able to: Use key behaviors to improve the establishment and maintenance of a therapeutic relationship with patients and families; incorporate key nonverbal and listening skills to enhance patient interactions; implement effective actions to demonstrate caring and respectful behavior to patients; elicit patient information in an effective manner; communicate with the health care team in an effective manner.

Health Literacy and Patient Safety: Help Patients Understand [Health Literacy Kit] 2nd Ed. [DVD, CD-ROM, printed materials]

Barry D. Weiss, M.D.; American Medical Association Foundation 1 kit contains: 1 DVD, 1 CD-rom, 1 booklet, 1 pamphlet, forms, buttons; AV KT 08:1

SUMMARY: This is the AMA Foundation's primary tool for informing physicians, health care professionals and patient advocates about health literacy. Features actual physicians and office staff interacting with real patients challenged by low health literacy. The 2007 video, "Health literacy and patient safety: Help patients understand," gives more detailed techniques and specific steps for physicians and their staff on helping patients with limited health literacy. Topics include: national assessment of adult literacy, populations at risk, problems and implications of limited health literacy, identifying patients with low health literacy, the social history, medication review, strategies to enhance patient health literacy and improving interpersonal communication with patients. Case discussions are also included.

McGraw-Hill's Spanish for Healthcare Providers : A Practical Course for Quick and Confident Communication Joanna Rios, McGraw-Hill Publishing 3 audio CDs + text, 336 pgs.; AV CD 05:4

SUMMARY: From the publisher's literature: The audio CDs feature a variety of native speakers, the first two CDs contain vocabulary, phrases, and dialogues that reflect a wide range of common medical situations--everything from the first interview to medication instructions and follow-up--while the third zeroes in on situations typically encountered by physicians, nurses, physician assistants, technicians, and other healthcare providers. An accompanying booklet contains the full scripts and English translations of the dialogues. The package includes a comprehensive course book, using sample dialogues, numerous exercises, and more than 200 expert illustrations, the book introduces a vocabulary of 2,500 general and medical terms, builds familiarity with typical medical situations, and develops a greater awareness of Latino culture and its impact on healthcare issues. A bilingual glossary features 1,000 of the most useful medical Spanish terms for easy reference.

Minority Health Disparities in Healthcare: Historical Perspective Rodney G. Hood, University of Missouri - Kansas City (UMKC), School of Medicine DVD, 60 min. ; NOTE: This program featuring invited lecturer, Dr. Rodney G. Hood, was sponsored by the University of Missouri-Kansas City, School of Medicine Diversity Council. It was recorded at the School of Medicine on Feb. 18, 2005. Based on the success of this program, the Dr. Reaner and Mr. Henry Shannon Endowed a Lectureship on Diversity as established in the succeeding year; AV DV 07:25

SUMMARY: Dr. Rodney G. Hood, past president of the National Medical Association, presents a lecture on "Minority Health Disparities in Healthcare: Historical Perspective, addressing racism as an ethical issue which affects the quality of healthcare. The program includes a discussion of the "Unequal Treatment Report" by the Institute of Medicine that centers on discrimination and bias in medicine. The report revealed that even with equal access, insurance, social level and the same disease condition, that disparities for African-Americans exist. Three types of racism are addressed in this presentation: internalized racism, personality mediated racism and institutionalized racism. To understand disparity in healthcare today, Dr. Hood addresses the evolution of racism in healthcare and the evolution of man through racial genotypes. This history of racism in medicine begins with the pseudoscience of racism, early forefathers of racism (Galen, Baron Georges Cuvier, etc.) and the trans-Atlantic slave period. He continues with the American health professionals' contribution to racism due to physicians such as Sam Morton, Josiah Clark Nott, the role of phrenology and early ideas of "Black diseases." He continues with J. Marian Sims (the father of gynecology) who operated on Black women 20-30 times without anesthesiology and purchased Black women used for experimentation. He discusses Samuel Cartright, "professor of negrology," who said that Black slaves who escaped suffered from a disease, and that to "cure" them they should be treated like children so that they do not try to escape, and medically prescribed whipping. The history discussion concludes with Louis Agzssiz (Harvard University) who wrote that Blacks were "incapable of living on the same social footing as Whites, the Tuskegee and Framington studies. To see how this effects modern healthcare, he begins with the statement that of the 15 leading causes of death in the U.S., 13 of them are the highest in Blacks. He address current studies that conclude that less Blacks receive analgesia than Whites in pain, the Schulman study that showed Blacks and Whites can receive the same diagnosis but different treatment, health insurance such as HMO's provide less quality of care, and overviews of utilization trends in racial health disparities.

MKSAP for Students 4 (Medical Knowledge Self-Assessment Program) [text & CD-Rom] Patrick C. Alguire, MD, FACP, Editor-in-Chief ; American College of Physicians (ACP) AV MR 09:3

SUMMARY: The MKSAP for Students 4 edition includes over 400 patient-centered self-assessment questions and their answers in print and on CD-ROM. Designed for medical students participating in their clerkship rotation, the questions help define and assess mastery of the core knowledge base requisite to internal medicine education in medical school. The questions reflect the many management dilemmas faced daily by internal medicine physicians and when coupled with the answer critiques, provide a focused, concise review of important content. The questions begin with a clinical vignette, and are organized into the 33 categories that correspond to the Core Medicine Clerkship Curriculum Guide's "Training Problems." The Clerkship Curriculum Guide is a nationally recognized curriculum created and published by the Clerkship Directors in Internal Medicine (CDIM) and the Society for General Internal Medicine (SGIM). It defines competencies, knowledge, attitudes, and skills that medical students are expected to master by the end of the clerkship. CD-ROM Features:

The Multicultural Health Series [DVD & VHS] Kaiser Permanente and The California Endowment and The California Endowment 1 DVD, 1 VHS, 1 facilitator's guide; AV KT 07:1

SUMMARY: This collection of 10 video case studies and training materials are designed for health care professionals who work with ethnically and culturally diverse populations. The curriculum is meant to educate providers about the meaning and importance of cultural competence in health care. Each video scenario is accompanied by a facilitator guide with participant handouts. The guide provides background information for each context concerning the cultural, ethnic, social or religious aspects pertinent to the situations portrayed in the video. See description for each case as follows:

Module 1 - Walking in Beauty: An elderly Navajo man is diagnosed with a cancerous lesion in his mouth, but his understanding of health and healing are at odds with modern health care practices. Accompanied by his granddaughter, he has reluctantly come into the clinic for pre-op consultations with his surgeon and his anesthesiologist. This scenario shows what can occur when there is a major variance between a patient's cultural understanding of health and healing processes and that of his doctor. Despite two physician/patient encounters, this conflict is never uncovered. Only the conversations between the patient and family member, and a discussion with a nurse allow us to see the immense gaps in explanatory models for the patient's disorder and his distress over what is happening. The patient's granddaughter pleads with him to go along with the planned surgery. She asks for treatment explanations from a sympathetic nurse, but is intimidated by the doctors. The patient disappears before signing the consent form.

Module 2 - Day of Rest: An Orthodox Jewish couple have driven to the hospital on a Friday night because the wife is in labor. The restrictions of their religion related to the Sabbath create disbelief on the part of staff and some embarrassment for the husband. This scenario actually demonstrates the clash of two differently based routines: one based on religious observance, the other based on hospital work patterns. Mr. Friedman is steadfast in his adherence to the laws, and the staff, sometimes in exasperation, sometimes in amusement, makes a number of exceptions to hospital routine to allow the couple to meet their religious obligations. The goal of the discussion should be twofold: to consider how religious beliefs and practices affect the health care of adherents and to think about how health care routines might be adjusted to accommodate patients' non-medical needs. **Module 3 - Changes:** Mr. Hammond has come to the clinic in a considerable state of anxiety. He has received notice from his health plan that his long-term family physician has become a hospitalist and will no longer be able to care for him.

Dismayed and confused, Mr. Hammond is even further upset when he learns that the physician his health plan has chosen to be his primary care provider is a woman, an Indian immigrant who speaks with an accent. These changes make him feel anxious, and coming on the heels of other unwelcome changes in his life, such as the need to leave a cherished career, the death of his wife, and his own ill health, cause him to feel out of control. The young Indian physician skillfully and non-defensively meets the challenges of a resistant patient. Mr. Hammond's concern is visibly reduced and one suspects he will willingly become Dr. Rama Begala's patient. **Module 4 - The Voice inside the Phone:** A pediatrician who is accustomed to using face-to-face interpreters is confronted by a circumstance where none is available, yet the Armenian mother of his patient speaks no English (though the young patient does). The doctor is somewhat resistant to his nurse's solution of using the telephonic interpretation language line, having never used it before. To many clinicians, the idea of using a telephonic interpreter whom they don't know, seems awkward and impersonal. Frequently, health care organizations install such a system with little or no training for the persons intended to use it. The objective of this scenario is to show how simple it is to use telephonic interpretation successfully.

Module 5 - Rebirth: The scene is the intensive care unit. Dr. Mitchell assists a Chinese family in making difficult decisions after their daughter has been diagnosed with brain death. The college student, Dalina Sheng, has met with a fatal accident and is being ventilated. Her parents have just arrived from Malaysia and are shocked at the sight of their inert daughter, lying on the bed, her chest gently rising and falling. Dr. Mitchell is attempting to explain to them that the accident was fatal and that her brain has irretrievably ceased functioning...brain death. The parents do not comprehend what this term means. They see that she is still breathing. Dr. Mitchell questions them about any ideas Dalina might have had about what to do in the circumstances of imminent death. They are shocked that such a question would be asked about someone so young. Unfamiliar with the American medical system, the Shengs offer him extra money, hoping that this will create an incentive to do what is necessary to ensure their daughter's recovery. Later, Dr. Mitchell consults with Dr. Kwan on issues related to the Buddhist concept of death. He also contacts an ethics committee representative to help the Shengs with the issues they are confronting. She is able to call in a Buddhist monk to perform appropriate prayers at the time the respirator is disconnected. The Sheng family is comforted in the thought that Dalina will have an easy transition and a high rebirth. There are several issues that are important in this video: variation in cultural concepts of death; the idea of brain death; the practice of organ donation and transplantation; the appropriateness of a cultural consult; and the use of a bioethics consultant. This well-meaning young physician does many things right and he is very empathic. However, the language he uses, such as calling the respirator "life-support" may be confusing to the family. He also implies in his remarks that they have more decision-making power than they actually have. This is a tough situation with many nuances;

Module 6 - A Pocket Full of Medicine: Mr. and Mrs. Arellano, both native to Columbia, have come to see their physician about Mrs. Arellano's health problems. She has neglected to come in for a scheduled checkup. During the course of this visit, the doctor learns two important things about his patient that he never knew before. The large number of immigrants now living in the United States have brought with them many medical practices and medicines from their native countries. Like other Americans, they practice medical pluralism, using a variety of health care practices from the folk, popular and biomedical sectors simultaneously or at different points in time. It is important for providers to learn about everything a patient is taking, to be sure an alternative herb or tonic is not contraindicated. Part of the debrief discussion will center on complementary medicine use and issues related to it. A second focus is on language literacy. Health care providers need to know about the literacy levels of their patients, both in English and in their native languages, and to meet their

patients' needs for translated versions of educational materials and prescriptions ;

Module 7 - Proof: Karuna Yadav is accompanied on her first visit to the clinic by her husband and mother-in-law. This is a follow-up visit, since she was seen in emergency last week for a severe burn on her arm. This is a difficult situation. Upon examination, the burn and a pattern of bruises on the young woman's body definitely suggest physical abuse, as does the fact that she has been seen in the ER several times. The husband and the mother-in-law remain in the exam room while the physician assistant (PA), examines the patient. Amrit Yadav refuses the Hindu interpreter and insists on interpreting for his wife. Karuna remains silent, but it is clear she is upset. Still uncertain about the nature of the injuries, the PA is adamant about a follow-up appointment the following week so she can further assess the situation. As the young Indian woman leaves the clinic, the nurse calls her back, and at that point, Karuna whispers a plea for help. In South Asian countries of origin, family roles and values may be deeply patriarchal. Women are expected to be subordinate their fathers, their husbands and their husbands' families. Accurately assessing domestic abuse is often difficult and cultural differences may further complicate the issue. In most states, reporting wife abuse is not mandatory, as it is with child abuse. It is a good idea for emergency room and primary care health care providers to acquaint themselves with community resources for domestic violence and, if possible, have informational materials available.

Module 8 - Between Two Worlds: Two recent refugees from Afghanistan have been called to the clinic to discuss the unusual use of asthma medications - one of the refugees has been hoarding her medicines. The Rhamatis, unaccustomed to being able to get a regular supply of medications to treat severe asthma, have been hoarding medicines. It takes a bit of probing on the part of the team to uncover this behavior. The Rhamatis, under Communist Afghanistan and in the Pakistani camps, were unable to get a consistent supply of theophyllin without Mrs. Rhamatis appearing very sick, wheezing and coughing. This is fairly typical behavior for refugees coming from a country with disorganized medical care. Although Mrs. Rhamati is the patient, it's clear Mr. Rhamati calls all the shots, including when Mrs. Rhamati takes her medication. Mr. Rhamati is suspicious when he sees the pharmacist making notes. He fears this is government-ordered "spying" and it makes him fearful and distrustful. Convinced by the concerned and caring attitude of the clinicians, Mr. Rhamati finally opens up. The encounter ends with the physician's assurance that they want to make the clinic a place in which the Rhamatis feel comfortable.

Module 9 - Lupe's Dilemma: The scene opens with Lupe Pena and her physician assistant (PA). Lupe is in her second trimester of pregnancy; she has been re-infected with Chlamydia. Lupe is upset, because she failed to discuss her infection with her partner, Oscar. She is in a tenuous position. The Chlamydia infection could cause problems for her pregnancy and baby if she continues to be re-infected. Lupe and her long-term partner are undocumented immigrants. Lupe knows Oscar has given her the disease, but to tell him about it and ask that he get treatment is tantamount to accusing him of infidelity. She knows he will be angry and defensive. The PA, knowing something of Mexican families, asks if there is a family member who could intercede. Lupe decides to consult her sister-in-law, Vanessa, in the hope that she will persuade her husband, Francisco, Oscar's older brother, to give Oscar a push in the right direction. Oscar does make a scene, but Francisco, in his authoritative role as his older brother, lays down the law to him. The PA, decides that the better course of action is to try first to let the family work out the situation rather than impose coercion from outside.

Module 10 - Lost Opportunities: Mr. Turner, an African American man in his late forties, has finally come into the clinic following an emergency room visit where he was diagnosed with a heart attack. This particular scenario is sensitive as it involves the interaction of social class and race. The two characters in the scenario are deliberately portrayed as class stereotypes. There are numerous and complex issues involved in the interaction between the white, middle-class doctor and his African American patient. For this reason, there is a pause for discussion in the middle of the video to allow the participants to discuss what they have seen so far. This clinical encounter between the patient and the cardiologist of the same age, but with vastly different backgrounds and life perspectives, demonstrates how hard it is to bridge these differences. Very little communication takes place. The physician is puzzled by the patient's denial and notions about hypertension. He persists in emphasizing how serious the situation is and tries to convince Mr. Turner that a lifestyle change is necessary. Turner is on the defensive. His cheerful but evasive responses to Dr. Ryan's questions about blood pressure and lifestyle border on defiance. Despite Mr. Turner's agreement that he knows what he ought to do and can do it "if he sets his mind to it," Ryan knows at the end of the encounter that Mr. Turner will not make the changes he recommends. He tells Mr. Turner with resignation that he has seen "lots of patients like you." They end the encounter with a handshake, but each knows there is little chance that they will see each other again. Neither has been able to breach the communications barrier that exists between them.

Multicultural Perspectives on Adults with Developmental Disabilities [DVD] Film for the Humanities and Sciences 1 DVD, 33 min.; AV DV 06:15

SUMMARY: Community-based care-giving is a vital mode of support for older adults with developmental disabilities. This program examines how (within Hispanic, African-American, and Asian-American cultural contexts) the needs of high-functioning members of this population are being met through the empowering assistance of their families, through healthcare,

and employment-related programs that promote self-determination. The importance of service providers who share their clients' respective cultures and, where necessary, speak Asian languages or Spanish is underscored.

Religious Diversity in America Educational Video Network, Inc.; 1 DVD, 24 min.; AV DV 05:25

SUMMARY: In America there are a variety of cultures that are defined by many different religions. Discover the elements of Judaism, Islam, Christianity, Hinduism, and Buddhism. Take this opportunity to learn about these beliefs and the systems that guide them. Learning objectives: 1) Students will learn about belief systems including pluralism, polytheism, monotheism and exclusivism; 2) Students will learn general concepts that may be applied to religion as a whole; 3) Students will be introduced to several religions including Judaism, Islam, Christianity, Hinduism, and Buddhism.

Rose by Any Other Name Judith Keller, Tricepts Media 1 DVD, 15 min., guide; AV DV 08:9

SUMMARY: This is a trigger film about the older person's search for closeness, privacy and love. It fills the need for a sensitive, nonclinical, educational film that portrays the experiences of older people living in long-term care facilities. Attitudes towards the elderly and their sexual needs are explored in a tactful and delicate manner, using a dramatic story rather than a documentary approach. The film is designed to help older people and their families and those with policy-making responsibilities develop informed judgments about lifelong needs for affection, privacy and sexuality.

Spanish for Health Professionals [DVD] Insight Media; 1 DVD, 81 min.; AV DV 06:13

CONTENTS: In the Emergency Room; The Physical Exam, Pt. 1; The Physical Exam, Pt. 2; In The Doctor's Office.

SUMMARY: Utilizing video of patient and physician encounters, this DVD is designed to teach job-related Spanish to health practitioners within the context of the ER, performing a physical exam and in the office. It offers the viewer 65 practical commands and phrases that allow the health professional to communicate and conduct procedures with Spanish speaking patients. The focus is on providing commands and phrases that elicit short direct answers rather than long and complicated explanations. For example, rather than teaching the phrase, "what's the problem?" the viewer learns how to say, "show me with your finger where you have a problem." The objective is to allow physician-patient communication with minimum language skills.

Unnatural Causes: Is Inequality Making Us Sick? [DVD] Produced by California Newsreel with Vital Pictures; Presented by the National Minority Consortia of Public Television; Outreach in association with the Joint Center for Political and Economic Studies Health Policy Institute 1 DVD, 7-part series, 231 min.; NOTE: Broadcast by PBS; AV DV 08:11

SUMMARY: PROGRAM ONE: IN SICKNESS AND IN WEALTH (56 min.) - This is a story about health, but it's not about doctors or drugs. Set mostly in Louisville, Kentucky, it's a detective story out to solve the mystery of what's stalking and killing so many Americans before their time. The program uncovers the connections between healthy bodies and healthy bank accounts - and why residents of so many other nations, including many poorer countries, live longer and healthier lives. Solutions, evidence suggests, may lie not in more pills but in more equality; PROGRAM TWO: PLACE MATTERS (26 min.) - Our street address can be a powerful predictor of our health. In Richmond, California we witness how one neighborhood exposes its residents to health threats while in Seattle, Washington, another neighborhood is being created that promotes health. What public policies and community actions make the difference? ; PROGRAM THREE: BECOMING AMERICAN (26 min.) - On average, poor immigrants of color actually arrive in the U.S. healthier than the average American. But the longer they are here, the less healthy they become. We follow Mexican immigrants laboring on the mushroom farms of Pennsylvania to find out why they are healthier, what's grinding down their health over time (and even more so, that of their children), and what they are doing to reverse this trend; PROGRAM FOUR: WHEN THE BOUGH BREAKS (26 min.) - African American pre-term births and infant mortality rates remain more than twice the national average. The babies of African American women with professional degrees face as much risk as being born early and low birth weight than white high school drop-outs. Might the cumulative impact of racism over the life-course be the culprit? ; PROGRAM FIVE: BAD SUGAR (26 min.) - Diabetes is a growing American epidemic and Native Americans were the first to suffer its profound effects. We travel to the O'odham Indian reservations of southern Arizona to see how history and powerlessness can drive the disease, while Native efforts to regain control of their communities' economic destiny and re-connect to their culture offer hope for the future; PROGRAM SIX: NOT JUST A PAYCHECK (26 min.) - Unemployment and job insecurity isn't just bad for your pocketbook - it's bad for your health. Must it be this way? Workers in Michigan and Sweden were both thrown out of work by the same corporate giant. One town struggles against depression, spousal abuse and an uptick in heart disease and diabetes while the other seems to be doing just fine; PROGRAM SEVEN: COLLATERAL DAMAGE (26 min.) - Pacific Islanders, even native Hawaiians, have poor health outcomes. In the Marshall Islands and in the unlikely spot of Springdale, Arkansas we can see how U.S. occupation, foreign policy and globalization impact peoples' health--often in unanticipated ways.

What Language Are You Speaking? Improving Communication as a Safety, Quality, and Efficiency Imperative. Mario Moussa; The Network for Continuing Medical Education 1 DVD; 50 min. AV DV 08:27

SUMMARY: Communication directly impacts patient care quality and safety. Research has shown that the better the members of the healthcare team communicate, the more effective and safe the patient's care. Notably, breakdown in communication was the leading cause of sentinel events reported to the Joint commission between 1995 and 2006. As a result, many of the current patient safety solutions proposed by the Joint Commission/Joint Commission International/World Health Organization are based on improving communication. Among the areas targeted for improvement in communication are when interacting with patients, during patient handovers, and prior to surgical procedures (to avoid performance of wrong-procedure or wrong-site surgery). In this program, Prof. Mario Moussa, a healthcare management consultant and leading authority on strategic persuasion, discusses barriers to effective communication in the healthcare setting and explains how to overcome them.

Working Together to End Racial and Ethnic Disparities: One Physician at a Time [DVD & Fact Sheets on CD-ROM] AV DV 05:30

American Medical Association Foundation 1 DVD (22 min.), 1 CD-ROM (Win) + facilitation guide; NOTE: Sponsored in part by educational grants from Washington Square Health Foundation, Inc., and Pfizer Inc. in co-operation with the AMA Foundation. CONTENTS: Disc 1: 22-minute DVD featuring interviews with physicians, nurses and patients who have experience disparities in health care firsthand ; Disc 2: CD-ROM with fact sheets covering components of health care disparities, including: quality of care, trust and stereotyping, cultural competence, language barriers and health literacy ; Facilitation guide to help prepare physicians and presenters to stimulate audience discussion about health care disparities.

SUMMARY: You will learn: 1.) Why real and perceived disparities occur and what you can do to change the dynamic, 2.) How to establish effective interpersonal and working relationships that acknowledge cultural differences, 3.) Ways to challenge your knowledge and assumptions about the care you deliver, 4.) What the connection is between quality care and health care disparities

Workplace Spanish for Health Care; Workplace Spanish, Inc. 1 Audio CD + spiral bound manual, 52 pgs; AV CD 05:5

SUMMARY: From the publisher: An easy way to improve communication with your Spanish-speaking patients! This helpful manual & audio CD provides English to Spanish translations & pronunciations of words and phrases specific to the healthcare industry. Workplace Spanish® for Healthcare has been created to meet the varied needs of health care professionals - from doctors & nurses to technicians and office staff. It's perfect for hospitals, healthcare providers and critical care facilities. Organized by topic, this quick-reference manual contains more than 500 of the most frequently used health care terms and expressions. You'll learn Spanish pronunciation and be able to engage in short conversations from greeting patients, scheduling appointments, exams, doctors' orders, illnesses, injuries and more. The manual also features a quiz section called Drills for Skills, an alphabetical keyword, and a series of practice conversations. The one-hour audio CD covers all phrases used in the book, plus pronunciation tips and suggestions on how to learn quickly. The CD features both a native Spanish speaker and a non-fluent, yet accurate English speaker repeating the terms and phrases. Newcomers to Spanish will find this a great advantage over traditional language tapes. You don't have to be fluent to be effective! Our programs are used by top companies, colleges and trade associations to learn job-specific Spanish without struggling through grammar & rules. Spanish words are broken down into syllables to help you pronounce them properly.

Worlds Apart: A Four Part Series on Cross-Cultural Healthcare [DVD] Fanlight Productions 1 DVD, 47 min. + facilitator's guide; AV DV 06:18

SUMMARY: Created by Stanford University Center for Biomedical Ethics, these unique trigger films follow patients and families faced with critical medical decisions, as they navigate their way through the health care system. Filmed in patients' homes, neighborhoods and places of worship, as well as hospital wards and community clinics, "Worlds Apart" provides a balanced yet penetrating look at both the patients' cultures and the culture of medicine. This series is an invaluable tool for raising awareness about the role socio-cultural barriers play in patient-provider communication and in the provision of healthcare services for culturally and ethnically diverse patients. Cases include:

1. Mohammad Kochi, a devout Muslim from Afghanistan, had surgery for stomach cancer, but is now refusing the chemotherapy recommended by his physician. His daughter thinks he may fear that the kind of chemotherapy offered will prevent him from observing daily prayer, and wonders if a professional translator might have avoided misunderstandings. 14 Minutes
2. Justine Chitsena needs surgery for a congenital heart defect, but her mother and grandmother, refugees from Laos, worry that the scar left by the operation will damage her in her next reincarnation. They want to seek advice from the local Buddhist temple. 11 Minutes
3. Robert Phillips, a health policy analyst who is African-American, believes he's likely to wait twice as long as a white patient for the kidney transplant he needs. He's looking for a new nephrologist - someone who will be more sensitive to his concerns. 10

Minutes

4. Alicia Mercado, a Puerto Rican immigrant, has strong beliefs about using natural home remedies rather than prescription medications. Her diabetes, hypertension, asthma and depression have been aggravated by her recent eviction from her apartment of eighteen years, which has also disrupted the continuity of her care. Her son worries about the "assembly line" care he feels she is receiving. 13 Minutes