

Final exam reviewer:

WEEK 5:

The 5W's of descriptive epidemiology:

What = health issue of concern

Who = person

Where = place

When = time

Why/how = causes, risk factors, modes of transmission

cultural competence- not an option but a necessity for APRNs.

Cultural competence is defined as “a dynamic, fluid, continuous process whereby an individual, system or health care agency find meaningful and useful care delivery strategies based on knowledge of the cultural heritage, beliefs, attitudes, and behavior of those to whom they render care” (Giger & Davidhizar, 2002, p.186).

cultural awareness- Self-examination of one's own prejudices and biases toward other cultures. An in-depth exploration of one's own cultural/ethnic background.

Cultural humility- A lifelong commitment to self-evaluation and self-critiques, redressing the power of imbalances in the patient- physician dynamic, developing mutually. Beneficial relationships.

Cultural knowledge- Obtaining a sound educational foundation concerning the various worldviews of differences cultures. Obtaining knowledge regarding biological variations, disease and health conditions and variation in drug metabolism

Cultural skill- Ability to collect culturally relevant data regarding the client's health history and presenting problem. Ability to conduct culturally based physician assessments. Conducting these assessments in a culturally sensitive manner.

Cultural desire- Motivation of the healthcare provider to "want" to engage in the process of cultural competence, characteristics of compassion, authenticity, humility, openness, availability, and flexibility, commitment and passion to caring, regardless of conflict.

Kleinman Explanatory Model- individuals and groups can have vastly different notions of health and disease.



What do you call your problem?

What do you think caused your problem?

Why do you think it started when it did?

What does your sickness do to you?