Completion of this training fulfills the employee requirement of the UWMC organization-wide annual education. Employees hired in 2011 or before, must complete this training. Employees who attended the New Employee Orientation in 2012 do not need to take this training.

The training covers six competency modules and quizzes listed below.

- Compliance and Ethics
- Cultural Diversity
- Infection Prevention and Control
- Organization Specific Topics
- Patient Safety
- Workplace Safety
2012 Frequently Asked Questions

These Frequently Asked Questions will help you when completing this training module.

1Q: If I need technical assistance while taking the quiz, who do I contact?
1A: Please send an email to the UWMC LMS Domain Administrator, uwmclms@uw.edu for technical assistance.

2Q: How can I save my work if I am not done taking the quiz?
2A: You may EXIT this training at any time. Once you click EXIT, the system will automatically "bookmark" your location (in the quiz), and when you resume the training, you will be returned to the same place. To EXIT click on the "X" in the upper right corner of this window.

3Q: How do I exit the quiz?
3A: To exit, click on the X in the upper right corner of this window.

4Q: I did not receive credit for completed training. Why?
4A: You will not receive credit for the training until you click on the Finish button on the final slide of the quiz. Call the Help Desk if, after passing the quiz and clicking the Finish button, you still do not receive credit for the course.

5Q: I was hired during 2012. Do I need to complete this quiz?
5A: No, you fulfilled the UWMC annual education training requirements by attending the New Employee Orientation during 2012.

6Q: What if I score less than 80% on my quiz?
6A: If you score less than 80%, you will be required to take the quiz again, until you score at least 80%. The graded quiz is meant to test your knowledge. Once completed, the results page will include the quiz name and your score.
TABLE OF CONTENTS

- Why Do I Need to Learn About Cultural Diversity?
- Our Commitment to Serving Diverse Populations
- Cultural Beliefs and Practices
- Interpreter Services
- Preventing Sexual Harassment
- Training Resources
COURSE OBJECTIVES

Participants will be able to:

• Understand the importance of treating others the way they want to be treated as it pertains to the delivery of healthcare.

• Increase their cultural competence by being aware of the unique differences in every staff member, patient, family member and faculty member.

• Learn the technique of asking preferences rather than making assumptions as a best practice in the delivery of safe and quality healthcare.
Why Do I Need to Learn About Cultural Diversity?
A nurse at another hospital had a similar question

**Question:**

“I’m perplexed by all the emphasis on cultural diversity training at my hospital. If we’re ethically obligated to treat patients and co-workers with universal respect, why all the fuss?”

**Answer:**

“This educational session may open your eyes to cultural issues, conflicts, and misunderstandings that you may have never considered before. I encourage you to welcome diversity education as a genuine opportunity to learn, grow, and change.”
OUR COMMITMENT TO SERVING DIVERSE POPULATIONS

UW Medicine embraces and serves a linguistically-rich and culturally diverse patient population. We are committed to providing equal access and culturally competent health care to all patients and families who require our services.

**UW Medicine Patients Are First Pillar Goal:**

Serve all patients and family members with compassion, respect and excellence.
LEARNING ABOUT CULTURAL DIVERSITY

Learning about cultural diversity allows us to learn, grow, and change.

Caring for patients and working with people from many cultures and backgrounds benefits everyone.

Raising our awareness of other cultural preferences and comparing them to our own allows us to show respect and understanding.

Other cultural differences that should be considered as a patient receives healthcare services may be associated with food, personal space and body language, greetings, beliefs and values, religious practices, medications, and time perspective.
CULTURAL BELIEFS AND PRACTICES

Examples of Cultural Beliefs and Practices that may affect Healthcare:

• Beliefs
• Patient's Family
• Self-Awareness
• Awareness of Others
• Ask Preferences
• Being Aware of Body Language
• Applying Body Language Awareness
CULTURAL BELIEFS AND PRACTICES
Examples of Cultural Beliefs and Practices that may affect Healthcare:

• **Beliefs**
  
  • Observance of religious fasting practices may require changes in treatment plans.
  
  • Some cultures involve other members of the family, clan, or tribe when decisions are made about seeking medical care or participating in prescribed treatments.

• **Patient's Family**
  
  • It is important to **support the role of the patient’s family**. In patient care, family structure can vary from one culture to the next.
  
  • How one culture defines family can be very different from another culture.
CULTURAL BELIEFS AND PRACTICES
Examples of Cultural Beliefs and Practices that may affect Healthcare:

• Patient's Family
  • Some cultures like Native American, Native Alaskan, Mexican American, and Filipino often have many family members, extended family, community representatives, and friends visit a patient in the hospital because the definition of family is broader in these cultures.
  • Ask questions at the right time with respect. This can help ease tension that might arise due to a misunderstanding based on culture.

• Self-Awareness
  • We may think that our point of view is the right way to see a situation. We may become confused or frustrated when others do not think or respond as we expect.
  • Self-awareness means paying attention to our views about the behavior of others.
CULTURAL BELIEFS AND PRACTICES
Examples of Cultural Beliefs and Practices that may affect Healthcare:

• **Awareness of Others**
  
  • Cultural competence means paying attention to all factors that may influence the behavior of another person.
  
  • The knowledge gained through awareness can improve all relationships.
  
  • One way to increase this awareness is to ask questions about another person’s preferences

• **Asking Preferences**
  
  • Many of us are aware of the saying: “treat others as you want to be treated.” Cultural competence requires us to dig deeper and instead: “treat others as they want to be treated.” This means asking about preferences before acting, instead of assuming the best way to care for someone. Asking preferences also helps us **avoid cultural miscommunication**.
CULTURAL BELIEFS AND PRACTICES
Examples of Cultural Beliefs and Practices that may affect Healthcare:

• **Asking Preferences**
  
  • One example is a family not wanting a patient to be told of a bad diagnosis or prognosis. The patient may request the information be shared with the family first to protect the patient from losing hope, and possibly making their condition worse.

• **Being Aware of Body Language**
  
  • As we provide health care, and interact with co-workers, patients, and families, we observe the behavior of others and find meaning in those behaviors.
  
  • We may misunderstand the intent of others if our background has taught us different meanings for their actions.
  
  • Cultural sensitivity is a matter of noticing behavior and respectfully asking the person what the behavior means.
CULTURAL BELIEFS AND PRACTICES

Examples of Cultural Beliefs and Practices that may affect Healthcare:

• **Applying Body Language Awareness**

  A couple has just lost their baby. As the mother lies in bed, the husband turns away and goes over to the window. He is overwhelmed with grief. The female nurse holds the mother’s hand for a moment and squeezes it. She then goes over to the father and touches his shoulder and speaks to him. He freezes up and turns away and his wife looks worried.

• **Try Instead:**

  Grief is an intensely private emotion. People grieve in their own way. When appropriate, ask what comfort measures would be welcome: tea, food, privacy, warm blankets, etc. Stick with means of support that have been accepted in past interactions with each person. Focus on what the family feels they need.
CULTURAL DIVERSITY RESOURCES

www.ethnomed.org

• EthnoMed is a website containing medical and cultural information about immigrant and refugee groups in the Seattle area.

• EthnoMed’s objective is to make information about culture, language, illness and community resources directly accessible to health care providers, and to provide access to patient education pamphlets for many issues in several languages that are most common in our region.

If you have questions about the information presented, please ask your supervisor or call Stephanie Schulz at OD&T, 598-4719.
Cultures affect health and should be considered in the care of every patient.

**Interpreter Services**

- Our Interpreter Services department provides interpretation services 24 hours per day, 7 days per week for over 80 languages. Our interpreters are certified through the state of Washington and can assist with barriers related to language as well as culture.

- Care providers can schedule an interpreter for a patient appointment or be connected with an interpreter over the phone.

- The languages we provide interpretive services for the most at UWMC are Spanish, Somali, Chinese, Russian, Vietnamese, Amharic, Korean, Arabic, Tigrinya, and American Sign Language.
UWMC Interpreter Services Contact Information

**Phone:** 206-598-4425

**Email:** intrpsvc@uw.edu

**Office hours:** 8 am – 5 pm. When the office is closed, call Pacific Interpreters at: 1-800-311-1232

**If an on-site interpreter is needed after hours:**

Call 206-598-4425 which will forward you to Admitting or Call Admitting directly at 206-598-4310.
SECTION

PREVENTING SEXUAL HARASSMENT
COURSE OBJECTIVES

Participants will review:

- Elements of the UW Policy on Sexual Harassment
- Behaviors that could be interpreted as potential sexual harassment
- Resources for Preventing Sexual Harassment
The University of Washington (UW) is committed to providing an environment that fosters respect for all. The UW Policy that addresses sexual harassment has the goal of promoting an environment that is free of

• Discrimination,

• Harassment, and

• Retaliation
SEXUAL HARASSMENT FACTS

Sexual harassment is a form of discrimination under the Civil Rights Act of 1964, Title VII.

Sexual harassment is illegal.

Sexual harassment and retaliation are prohibited by UW Policy.

Harassers can be held personally liable.
THE UNIVERSITY OF WASHINGTON POLICY PROHIBITS . . .

**harassment** against a member of the University community because of sex or sexual orientation.

**retaliation** against any individual who reports concerns regarding harassment, or who cooperates with or participates in any investigation of allegations of harassment or retaliation.
WHAT IS SEXUAL HARASSMENT?

Sexual harassment may include unwanted sexual or gender-based conduct severe, persistent or pervasive enough that it either creates an intimidating, hostile or offensive working or learning environment, or unreasonably interferes with academic or work performance.

• Sexual harassment includes deliberate or repeated behavior of a sexual nature that is not welcome, not asked for, and not willingly returned.

• The person on the receiving end determines whether the behavior is welcome or seriously offensive.
WHAT IS SEXUAL HARASSMENT?

• Intent to do harm is not a necessary factor when determining if behavior is sexual harassment.

• Gender-based (non-sexual) harassment is also sexual harassment.

• Men or women can be harassed by members of the same or opposite sex.

• Non-employees (e.g. students, vendors) may be harassed or may be harassers.
EXAMPLES OF SEXUAL HARASSMENT

- Request for sex in exchange for promotions, higher grades or evaluations
- Punishment for failure to comply with sexual demands
- Unwanted touching or suggestive comments or gestures
- Teasing or jokes that are sexual in nature or gender-based
- Pressure for dates
- Visual displays of sexually-explicit materials
- Obscene e-mails or phone calls
TAKE ACTION

If you observe or are involved in a situation that makes you feel uncomfortable and may be interpreted as potential sexual harassment . . .

• Don’t Ignore It

• Say “No” (However, confronting a potential harasser is not a requirement in cases of possible sexual harassment.)

• Tell Someone

*You have the right to a work and educational environment that is free of harassment and discrimination. If you have a concern, please contact someone from the resources list.*
RESOURCES FOR PREVENTING SEXUAL HARASSMENT

A Supervisor/Manager/Director/Administrator

Medical Centers Human Resources, (206) 744-9220

University Ombudsman, (206) 543-0283

UCIRO (University Complaint Investigation & Resolution Office), (206) 616-2028

If you have questions about the information presented, please ask your supervisor or call Stephanie Schulz at OD&T, 598-4719.
QUIZ INSTRUCTIONS

• Thank you for reading these materials.
• Your next step is to complete the quiz and check your answers.
• Please provide the completed quiz to your manager/supervisor, as evidence of completion.
• Your paper quiz will be manually entered in the LMS and show up in the completion reports after the quiz results have been submitted by your manager/supervisor to uwmclms@uw.edu.
• To satisfy the 2012 UWMC Annual Education requirements you must score 80% or better on all of the following quizzes:
  • Compliance & Ethics and Ethics
  • Cultural Diversity
  • Infection Prevention and Control
  • Organization Specific Topics
  • Patient Safety
  • Workplace Safety