Small Group Facilitator’s Guide
Doctoring 101
The ETHNICS Mnemonic

Schedule and Brief Agenda:

I. Briefly introduce the agenda and specific learning objectives (10 min)
II. Discussion of Health Beliefs and Behaviors Assessment Questionnaire (20 min)
III. Role-plays with ETHNICS framework (30 min)
IV. Small group closing reflections (15 min)

Overview:
This session builds on medical interviewing and history taking skills (chief complaint, past medical history, etc.) in the Doctoring 1 course by integrating the cultural aspects of the clinical encounter. Students will first explore their own health beliefs by having completed the Health Beliefs and Behaviors Assessment Questionnaire. Students will then have an opportunity to utilize an explanatory model (ETHNICS) framework in role-play. Two cases center on the use of alternative treatments/consulting a healer for diabetes mellitus and meaning of illness/cancer diagnosis.

NOTE: This guide purposely avoids mentioning any specific ethnic group or language issue to illustrate key points from the didactic session (every clinical encounter is cross-cultural, avoid stereotyping, etc).

Learning Objectives:
1. The student will be able to identify one of their own cultural values, assumptions and beliefs and recognize how they may impact on future patient care.
2. The student will be able to conduct a patient interview that elicits health beliefs and incorporates these beliefs into the treatment plan.
3. The student will be able to describe at least 3 of the 7 domains of the explanatory model ETHNICS framework

Expanded small group agenda:

I. Briefly introduce the agenda and specific learning objectives for today’s session. (10 min)

II. Discussion of Health Beliefs and Behaviors Assessment (20 min):

   Discuss the Health Beliefs and Behaviors Assessment. Students should have completed this prior to class. Consider going around to each student having them
present their responses to each question and how their own specific beliefs and/or behaviors might affect future practice tendencies as physicians.

Family Health Beliefs and Behaviors Assessment (page 3).

**Reinforce learning objective 1:** The student will be able to identify one of their own cultural values, assumptions and beliefs and recognize how they may impact on future patient care.

### III. Role-plays with explanatory ETHNICS framework (30 min):

Review ETHNICS domains and distribute copies to use in role plays. The goal of ETHNICS is to help you learn about your patient’s health beliefs and practices, and incorporating them into the care plan as much as possible. Go briefly through the domains and provide examples of explanation, treatment, healers, spirituality, etc. (see Kobylarz et al, The ETHNICS Mnemonic: A Clinical Tool for Ethnogeriatric Education. J Am Geriatr Soc 50:1582-1589, 2002.)

Consider breaking up into groups of 2 or have volunteers for role plays. Students will take turns being the physician and patient.

Cases (page 4)

**Reinforce learning objective’s 2 and 3:** The student will be able to conduct a patient interview that elicits health beliefs and incorporates these beliefs into the treatment plan. The student will be able to describe at least 3 of the 7 domains of the ETHNICS framework.

Note - Agenda items II and III adapted and modified with permission from Gottlieb J. Toolkit: Service Learning and Community Oriented Primary Care Predoctoral-Residency Training, Department of Family Medicine, UMDNJ – Robert Wood Johnson Medical School 2003.

### IV. Closing reflections for today’s session (15 minutes):

Have participants answer the following questions:
- Were each of the learning objectives met?
- What else was learned? (Suggestions: It works well to go around the group and have each learner state one thing learned today.)
- What can we do to improve the learning process?

Participants complete the evaluation form and leave it on the table in the envelope for the faculty to bring to the debrief session. Facilitators should remove themselves from the group during the evaluation process.

Evaluation form (page 8)
FAMILY HEALTH BELIEFS AND BEHAVIORS ASSESSMENT

This form is completed as an assignment and used as part of a small group exercise during the session on Culture and Medicine.

1. How do you define your ethnic group? ____________________________________________

2. How long have you and/or your family been in the United States? _________________

3. What is your religious background? _____________________________________________

4. What did your parents believe caused illness (e.g. natural causes, punishment from God, exposure to drafts, eating poorly). Are your views different from your parents? ____________________________________________________________

5. How did your parents view and treat common childhood illnesses (e.g. colds, stomach aches)? ____________________________________________________________

6. How was emotional illness viewed? ____________________________________________

7. Did religion play a role in curing illness? ________________________________________

8. What were some of the family practices or home remedies to prevent illness or stay healthy? (e.g., herbs, spiritualist consultations, regular visits to physicians, prayers, vitamins, fresh air, exercise, nutrition, use of certain foods, avoidance of certain foods?) _____________________________________________________________

9. Who made the decisions about health and illness (e.g., grandparents, mother or father)? Who took charge of the sick person? How are/were elderly relatives care for? By whom? ____________________________________________________________

10. Who did the family consult when ill? (e.g., alternative/complementary and professional sources of care) __________________________________________________________

*11. Did technology (e.g. internet) play a role in family health and curing illness? ____________________________________________________________

12. How might your health beliefs/upbringing influence the way you approach patients? ____________________________________________________________

*Modified by Fred A Kobylarz MD, MPH, Florida State University, College of Medicine, July 2004. Adapted from a form developed by Patricia Carver, PhD and Robert Like MD, MS, Department of Family Medicine, UMDNJ, Robert Wood Johnson Medical School, based on work of Spector R: Cultural Diversity in Health and Illness New York: Appleton-Century-Crofts, 1979, Chapter 3 and Boufford, JI, Shonubi PA: Community Oriented Primary Care: Training for Urban Practice, New York: Praeger, 1986, Chapter 7.
Vignette#1
Medical Student

Please review the patient’s history and take about 5 – 10 minutes to role-play this encounter.

- Obtain a history and limit history taking to 5 - 10 minutes, then assume you have done a physical exam.
- On physical exam, you find the patient’s vital signs are all normal and the remainder of the exam to be normal.
- Do your best to make a diagnosis based on the history.
- Once having made the diagnosis, explain it to the patient and recommend any testing or treatment you feel is appropriate.
- If the patient seems dissatisfied or hesitant, try to use some of the culturally sensitive interviewing techniques that you have learned to help the patient feel comfortable with your diagnosis and treatment plan.
Vignette #1
Patient

Please review the case below and take about 5-10 minutes to role-play this encounter. If asked questions that are not addressed in this scenario. Draw from your own family/medical history.

- You are a 60 year old patient with a complaint of stomach pain for the last two months.

- Provide the following information only if asked:

  The pain has a burning character and has gradually gotten worse.
  You never felt the pain in your back or chest.
  Sometimes the pain is worse when your stomach is empty but other times food aggravates the pain. You have not associated the pain to any food in particular.
  You do not smoke
  You drink one glass of wine every 1-2 weeks
  You take no medications.
  You have 1-2 beverages a day that contain caffeine.
  You have not tried any treatments to relieve the pain.
  You do not have vomiting and have not seen blood in your stool nor black stools.
  Your stool is brown in color.

- Other information only if asked:

  1. If the doctor asks you what your explanation of your problem is, or “What do you think you have this symptom,” you are reluctant to say. You respond to the physician by saying “you’re the doctor, you should know” or “that’s why I came to the doctor, to find out” or simply “I don’t know.”

  2. In the back of your mind you are afraid that you have pancreatic cancer as your father died of this illness when he was 60. Most likely, the physician will focus on the diagnosis of peptic ulcer or gastritis and offer you treatment. You remain dissatisfied with the care until the doctor either brings up the possibility of pancreatic problems or prods you enough to reveal your concern. Express your dissatisfaction with the diagnosis by saying “Aren’t you going to order any tests? How can be sure the problem is in my stomach? What if the treatment doesn’t work? What could it be if it’s not my stomach?” Because you are afraid of the diagnosis of pancreatic cancer, you are frightened to suggest it, somehow thinking that suggesting it will lead to a test that only confirms your worst fear. If asked about family history, tell the doctor your father died of cancer. If asked what type, say “something in the digestive system”

  3. Let the doctor make you feel comfortable revealing your fear and only then, share your concern.
Vignette#2
Doctor

Please review the patient’s history and take about 5-10 minutes to role-play this encounter.

- Obtain a history – limit history taking to 5-10 minutes, then assume you have done a physical exam.
- On physical exam, you find the patient’s vital signs are all normal and the remainder of the exam to be normal.
- Do your best to make a diagnosis based on the history.
- Once having made the diagnosis, explain it to the patient and recommend any testing or treatment you feel is appropriate.
- If the patient seems dissatisfied or hesitant, try to use some of the culturally sensitive interviewing techniques that you have learned to help the patient feel comfortable with your diagnosis and treatment plan.
Vignette#2
Doctor

Please review the case below and take about 5 – 10 minutes to role-play this encounter.

- You are a 60 year old patient with a complaint of “not feeling well lately” at this visit.

- Provide the following symptoms only if asked:
  
  One year history of diabetes mellitus type II  
  No other relevant medical or family history  
  No drug allergies  
  You do not smoke or use other drugs.  
  You drink on occasion (1-2 beers with friends every other weekend)  
  You re married and live with spouse  
  You take an oral diabetic medication every 12 hours and don’t remember the name  
  Reviews of symptoms are all negative except for “just feel tired”

- Other information only if asked:
  
  1. You are retired from a maintenance job at a local school  
  2. Independent in activities of daily living and instrumental activities of daily living.  
  3. You have undergone diabetic teaching and understand the meaning of diabetes as “high blood sugar” and must “cut out eating sweets.”  
  4. You have recently seen the eye, heart and foot specialist and report all is “okay.”

- Your explanation for your symptoms/treatments you use

  You feel that your diabetes symptoms are due to “being cursed.” You have been seeing a “healer” who has been performing certain ceremonies involving applications of oil and burning incense to dispel the curse. Many of your family members also use “healers.” The “healer” has told you that you are taking too many pills and that is why he can’t remove the curse. You feel the “healer” is good for you and would like to continue seeing them along with any recommendations you make about medication.

D101 Small Group Session
Culture and Medicine
The ETHNICS Mnemonic as a Clinical Tool
Evaluation Questionnaire

Room # __________________________

Please indicate the degree to which you agree with the following statements:

1. Session was overall well planned and organized
   Strongly Disagree 1 2 3 4 5 Strongly Agree

2. Session was interactive (students had sufficient opportunity to share information/experiences)
   Strongly Disagree 1 2 3 4 5 Strongly Agree

Please indicate the degree to which you agree that the learning objectives of the session were met:

1. The student will be able to identify one of their own cultural values, assumptions and beliefs and recognize how they may impact on future patient care.
   Strongly Disagree 1 2 3 4 5 Strongly Agree

2. The student will be able to conduct a patient interview that elicits health beliefs and incorporates these beliefs into the treatment plan.
   Strongly Disagree 1 2 3 4 5 Strongly Agree

3. The student will be able to describe at least 3 of the 7 domains of the explanatory model ETHNICS framework
   Strongly Disagree 1 2 3 4 5 Strongly Agree

4. I gained useful information from today’s session.
   Strongly Disagree 1 2 3 4 5 Strongly Agree

Please rate your facilitator(s) on the following:

1. Made session interesting and comfortable
   Strongly Disagree 1 2 3 4 5 Strongly Agree

2. Facilitated group’s understanding of concepts
   Strongly Disagree 1 2 3 4 5 Strongly Agree

3. The facilitators worked well as a team
   Strongly Disagree 1 2 3 4 5 Strongly Agree

Please provide any additional comments regarding your evaluation or recommendations for improving this session on back. Thank you.