



An Innovative Elective for Medical Students on Patient Elicitation and Clinical Implications of Traditional Health Beliefs in the US



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INTRODUCTION

“Health Beliefs and Practices Among Latinos in the US” is a two-session elective that can be administered to medical or pre-med students to develop sensitivity and awareness related to the diverse nature of medical beliefs in the US, with a focus on commonly held beliefs among Latinos in the US.

Session content is based on: (1) Extensive field experience by the instructor, who has done ethnobotanical fieldwork in Latin America and the US to explore traditional medical beliefs of rural and urban Latino populations.; (2) Literature review of common Latino health beliefs (e.g. empacho, mal de ojo); medical education literature on cultural competency/cultural humility education; (3) Anthropological and social science literature on explanatory models of health behavior.

OBJECTIVES

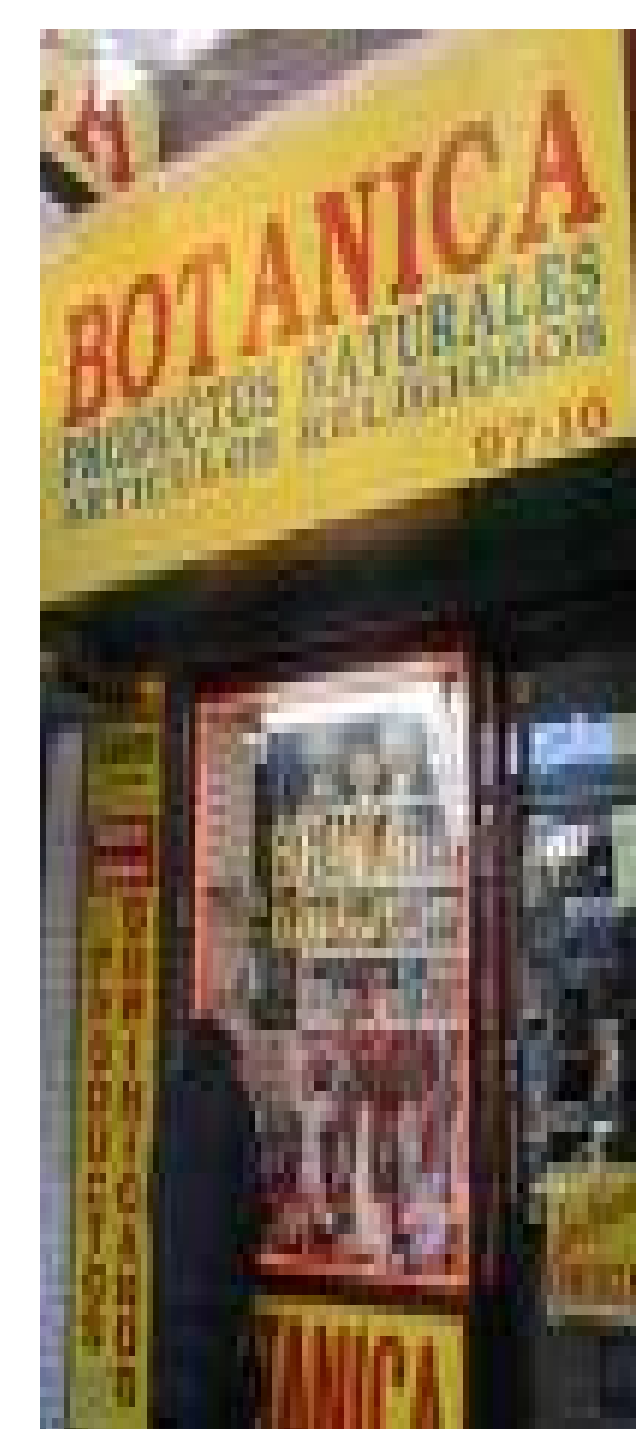
Major goals for this elective are :

(1) To present community-relevant health conditions and herbal practices, and discuss how they may interrupt biomedical care.

(2) To *begin* to develop physicians who are aware of and sensitive to alternative ways of viewing health and illness.

(3) To present methods to integrate psychosocial, cultural factors into the “Review of Systems”. Such tools can assist in:

- Eliciting a culturally valid social and medical history
- Negotiating a potential plan of care with diverse patients
- Improving diagnostic, management, negotiation skills and patient compliance



SESSION ONE

Setting the Stage: Reflection

Session One begins by asking students to reflect on a clinical experience during which the patient may have had medical beliefs that differed from the practitioner. Students are asked to identify the factors that can lead to this discordance, including socioeconomics, religion, language, power differentials, etc.

Factors Affecting Health Disparities

Student Vignette: “Angela’s Encounter with the Doctor”

Etiology of Illnesses: Hot and Cold

Culturally-Bound Health Conditions:

- Empacho
- Mal de Ojo
- Susto

Challenges Surrounding the Use and Promotion of Herbal Products:

- Botanical vs. Common Names
- Fresh vs. Dry Herbs
- Origin of Material
- Contaminants and Heavy Metals
- CDC Challenges regulating unhealthy cultural practices

Clinical Data on Botanical Efficacy:

- Nopal for diabetes
- Chamomile for gastrointestinal upset

MATERIALS AND METHODS

SESSION TWO

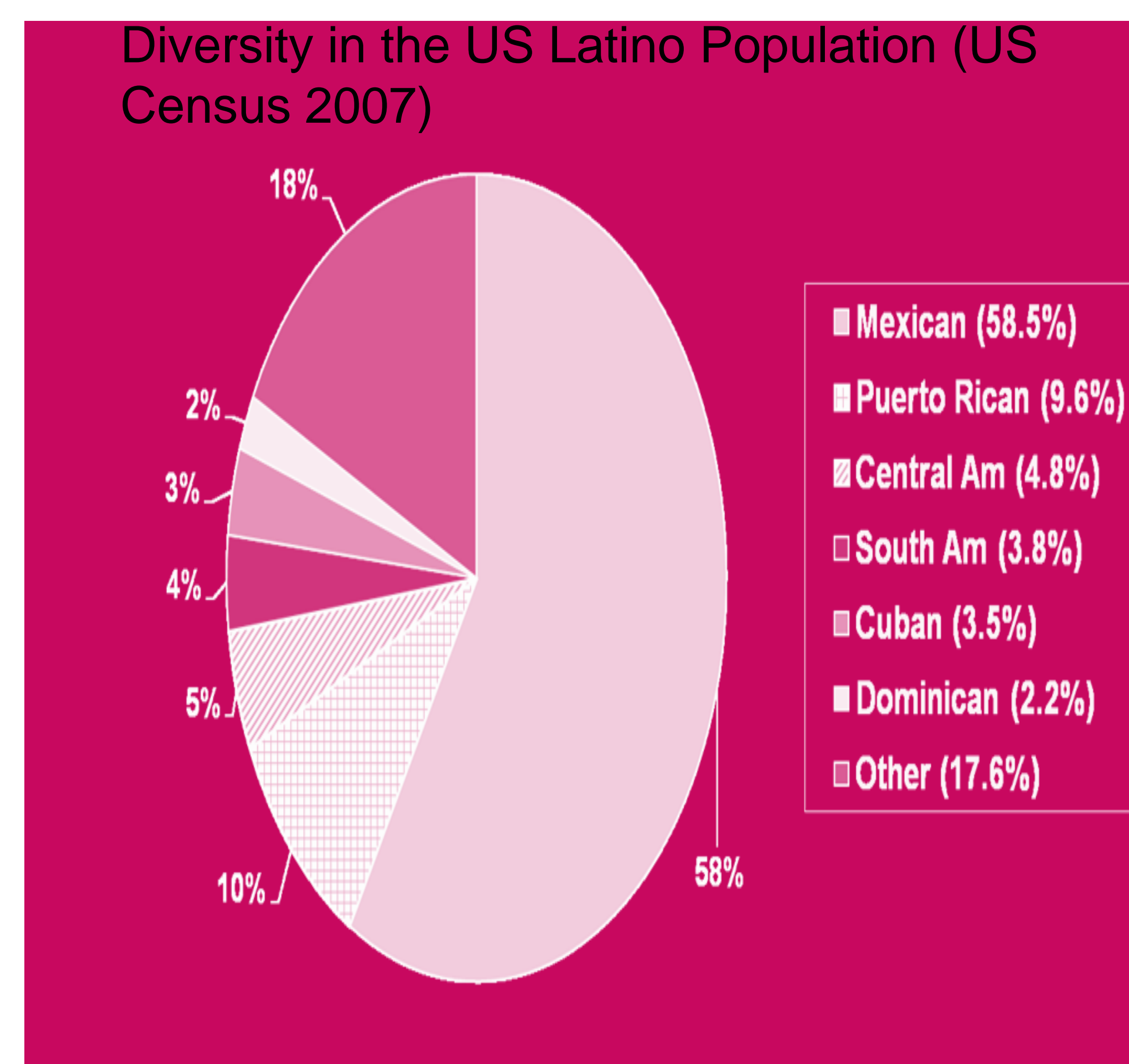
Review:

- Name that Condition (e.g. susto)
- What plant is this?
- Case studies of cultural incongruence

Group Review of Interview Experiences Mapping Overlapping Beliefs/Practices Across:

- Gender,
- Age,
- Urban vs, Rural
- Geography
- Social Status
- Religion
- Family Structure

The group often finds that most interviewed have their own unique blend of health beliefs that effect attitudes towards doctors and treatment regimens. Students conclude that assessing cultural beliefs should be done in the context of social determinants of health and thereby individualized.



INTER-SESSION HOMEWORK:

Qualitative Interviewing Assignment

Each student is asked to interview someone (not necessarily of Latino background) they believe may have health beliefs different from their own and/or the biomedical model of illness.

Each student chooses on of the following tools to elicit the interviewees cultural/social beliefs.

The goal is for these future doctors to incorporate them into their initial health assessment and “Review of Systems”:

B.E.L.I.E.F.: Beliefs; Explanation; Learn: Impact; Empathy: Feelings

E.T.H.N.I.C.: Explanation; Treatment; Healers; Negotiate; Intervention; Collaboration

L.E.A.R.N.: Listen; Explain; Acknowledge; Recommend; Negotiate

B.A.T.H.E.: Background; Effect; Trouble; Handling; Empathy

Discussion Questions:

In the biomedical model what are the comparable illnesses to ‘mal de ojo’, empacho, and susto?

In which ways could these differences generate conflict between a patient and provider?

What would you do if your patient told you they won’t take antibiotics (b/c it is a ‘cold’ remedy) but instead will go to see a healer?

What could you do to avoid nondisclosure of the use of herbs?

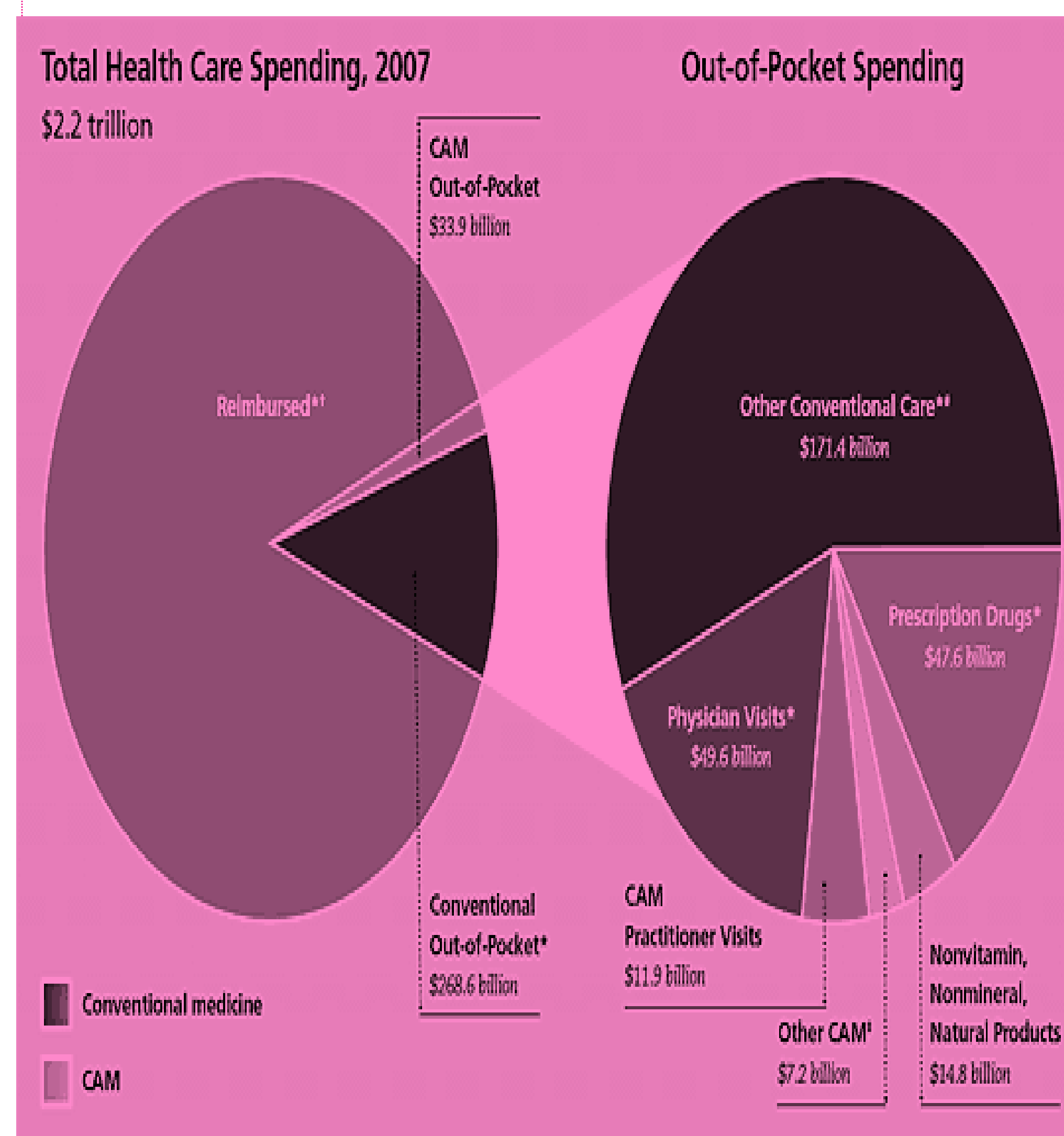
What would/could you do if you found out that your patients were using lead-based products from a local botanica?

CONCLUSIONS

Due to continued controversy about stereotyping in cultural competence education, students are unaware of some commonly held non-biomedical beliefs that have been around for centuries.

This session introduces the diverse nature of health beliefs and practices in the US, with a focus on developing awareness of some Latino cultural beliefs including susto, empacho, and male de ojo.

Through qualitative interviewing students experience for themselves the importance of exploring alternative health beliefs and the diverse nature of health systems in our communities.



U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services Web site. Accessed at: www.cms.hhs.gov/NationalHealthExpendData/

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