OT Mastery

Ethics, Cultural Humility, and Client-Centered Care in Occupational Therapy

1. What is the main difference between cultural humility and cultural competence?

A. Cultural humility is the act of being sensitive when working with people from various ethnic, cultural, and racial backgrounds; cultural competence is the act of directly asking questions about someone's culture to learn more about them.
B. Cultural humility is a one-time establishment of knowledge regarding other cultures; cultural competence is an ongoing process of reflecting to improve one's ability to treat people from various cultural backgrounds with respect.
C. Cultural humility is an ongoing process of reflecting to improve one's ability to treat people from various cultural backgrounds with respect; cultural competence is a one-time establishment of knowledge regarding other cultures.
D. Cultural humility is a way of viewing someone's identity based on their culture alone; cultural competence is a way of viewing someone based on their strengths, skills, and culture in combination.

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2. What is a question that a therapist practicing cultural humility might ask their patient?

A. "What are some strengths that allow you to function on a daily basis?
B. "How does your culture impact your views on pain, disability, and illness?"
C. "Are you open to receiving therapy today?"
D. "What is your medical history?"

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3. What positive health outcomes are associated with cultural humility?

A. Same level of adherence to provider recommendations, a greater sense of patient knowledge about their own culture
B. Enhanced patient-provider communication, the same level of health disparities and inequities
C. Enhanced patient-provider communication, personalized care, increased patient engagement
D. Same level of adherence to provider recommendations, a greater sense of belonging and trust

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4. What provider-specific benefits might a therapist see as a result of using cultural humility?

A. More versatility to move between practice settings and greater flexibility in challenging environments
B. Experiencing greater professional growth and promoting lifelong learning
C. Increased pay and more continuing education opportunities
D. Higher patient satisfaction scores and more professional accolades

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5. Within the process of practicing cultural humility, what tenet widely comes first?

A. Making time to continually reflect and evaluate one's actions and beliefs
B. Taking advantage of all learning opportunities that present themselves
C. Addressing power imbalances in healthcare settings
D. Addressing stereotypes and assumptions they hold about culture and identity

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6. What cultural humility tenets is not necessarily upheld by patient education and active listening?

A. Acknowledging the views of others and respecting a patient’s expertise related to themselves
B. Focusing on the partnership that is the patient-provider relationship
C. Identifying power imbalances that exist within rehabilitation and other healthcare settings
D. Taking advantage of learning opportunities at every point in your life and professional career

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7. What role does forming partnerships play in cultural humility?

A. Forming partnerships is something therapists may choose to do if they feel they cannot get enough information from patients to properly practice cultural humility
B. Just as therapists must continually reflect and learn to properly practice cultural humility, they must also take the time to grow from those around them. Therefore, partnerships with colleagues, leaders, community partners, and more all play a vital role in adopting cultural humility
C. Therapists must focus primarily on their partnerships with patients, as the therapy process is widely regarded as a collaborative approach. This is the only way to secure optimal health outcomes and fully practice cultural humility
D. Forming partnerships is one of the least important tenets of cultural humility, as therapists should do all they can to learn from the patient before learning from others in their environment

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8. What is the intersection between self-determination and cultural humility?

A. Therapists assess someone's self-determination at the start of care in order to guide their practice of cultural humility
B. Self-determination refers to a patient's motivation to get better, which often can be better understood by looking toward someone's culture
C. Self-determination refers to a patient's ability to hold their own views and values, and cultural humility involves honoring all aspects of someone's background
D. Self-determination stems from the need for ongoing learning and growth, as does cultural humility

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9. What does research say is the best way to teach cultural humility?

A. Self-awareness exercises and didactic curricula
B. Case study simulations and service learning
C. Service learning and role modeling

D. A combination of approaches with the integration of experiential learning, didactic curricula, and service learning

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10. What does research show about service learning opportunities and their impact on cultural humility?

A. When focused on culture, these opportunities improve client willingness for and engagement in services regardless of their communication barriers
B. Service learning must be combined with a mind-body intervention to be effective at teaching cultural humility
C. Service learning is only effective at teaching cultural humility when combined with other learning mediums
D. When focused on communication, service learning tends to improve rapport built between providers and patients

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11. What theoretical foundations can be used for both cultural humility-centered and anti-racist practices?

A. The cycle of socialization, the window of tolerance, systems theory, somatic racism, the Four Is framework
B. The How does your engine run? curriculum, race caucusing, the cycle of socialization, and dynamic interactional framework
C. The How does your engine run? curriculum, biopsychosocial model, Model of Human Occupation, and sensory integration theory
D. Race caucusing, somatic racism, the cycle of socialization, and intersectionality framework

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12. Research has identified what interventions as useful in deepening a therapist's cultural humility and anti-racist practices?

A. Race caucusing, strength training, spending time in nature, engaging deeper in the community
B. Somatic healing, body awareness, deep listening, journaling, race caucusing, and deepening relationships
C. Improving relationships, yoga, tai chi, self-reflection
D. Race caucusing, cardiovascular exercise, spending time in nature, engaging deeper in the community

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13. One study found that a certain intervention yielded significant improvements in compassion and cultural humility, among other outcomes. What is that intervention?

A. A mindfulness-based loving kindness meditation practice
B. Aerobic exercise
C. Chair yoga
D. A mindfulness-based sensory awareness meditation practice

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14. Mentoring is an important part of learning the basics of the OT field. OT students sought academic mentors who were adept in what areas?

A. Health literacy, anti-racist practices, implicit bias, explicit bias
B. Health literacy, clear communication, transitioning between settings, empathy
C. Transitioning between settings, empathy, clear communication, health literacy
D. Empathy, workplace discrimination, cultural humility, anti-racist practices

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15. Alongside cultural humility, what other goal should be at the center of occupational and physical therapy education programs?

A. Tolerance
B. Intersectionality
C. Cultural congruence
D. Cultural competence

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16. What is the role of health literacy in cultural humility?

A. Health literacy tends to impact the same health outcomes as cultural humility does, so therapists must use both separately to ensure patient success
B. Cultural differences can lead someone to exhibit low health literacy, and a patient's ability to understand the therapy process (along with their condition(s) and health as a whole) is central to their success
C. Health literacy has many of the same social factors that cultural humility does, so it must be addressed in the same way as culture is
D. Therapists who properly practice cultural humility must be health literate, as they cannot fully understand health concepts enough to relay them to their patients

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17. What does research show is one of the best ways to address health literacy in community-based organizations?

A. Integrating wraparound services with comprehensive care and clinician education on various topics
B. Administering more care in the homes to better understand a patient's family and culture
C. Providing a higher frequency of care in the community as opposed to institutional settings is always advised
D. More effective pairing of patients and providers who are a good match with one another

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18. The Five Rs Framework is essential to managing biases. Within this framework, how is regard defined?

A. Honoring anyone you engage with by offering care and consideration for their needs and feelings
B. Practicing cultural humility means having the ultimate regard for the patients we work with
C. Regarding everyone with dignity is the first tenet of cultural humility

D. Understanding that everyone has their own biases, which affect behavior, views, and more

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19. What is the most important learning point for therapists to remember about implicit biases?

A. Implicit biases are more important than explicit biases in healthcare settings
B. Therapist biases must be eliminated so they can properly address patient biases in a way that doesn't impact the therapy process
C. It's not realistic to eliminate biases, rather properly managing them to ensure they do not negatively impact others
D. Implicit biases can never prevent a patient from getting the care they need

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20. Therapists should aim to ascribe as much meaning as possible to the encounters they are part of in order to uphold which part of the Five Rs Framework?

A. Reflection
B. Relevance
C. Respect
D. Resiliency

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