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INTEGRATIVE HEALING IN LATINOS: BRINGING CULTURAL AWARENESS TO THE CLINIC

A DOCTORAL PROJECT
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DOCTOR OF NURSING PRACTICE

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ABSTRACT

In the United States, the goal of good nursing practice is to provide effective, evidence-based care to people of many cultures. This requires that practitioners develop greater cultural competence. The purpose of this project was to develop an educational module to teach practitioners and the volunteer staff of a southern California university’s student-run clinics about common Alternative Health Practices (AHP) used by the Latino population. This educational module will be included as part of the clinics’ orientation workshop. The module, which uses a slide presentation, is centered on topics related to Latinos and the AHP they use and was designed to broaden the practitioner’s knowledge of alternative healthcare practices. Additionally, a cultural assessment section will be added to the existing clinic intake form. The development of project was completed with the intention to increase the Latino client’s safety and satisfaction with care in the clinic. It is anticipated that this project will provide practitioners with information regarding Latino’s barriers to healthcare, customary Latino health practices and the potential interactions between herbal remedies and commonly prescribed medications, as well as additional intake information about each client’s specific use of AHP. The implementation and evaluation of the intervention, including the educational module and the enhanced intake form, will begin upon the completion of the author’s DNP program.
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Thank you all.
In the United States, the goal of good nursing practice is to provide effective, evidence-based care to all cultural groups to achieve greater cultural competence (Loftin, Hartin & Reyes, 2013). However, care that is culturally sensitive and competent is not easily achieved. It is especially challenging when caring for ethnically diverse populations, such as those living in San Diego County. San Diego County, is comprised of: 65% White, 28.9% Latino, 6.8% Black, and 16% Asian (U.S. Department of Health and Human Services (USDHHS), 2013). It is important that practitioners become sensitive to cultural differences and alternative health practices (AHP) of the people they are serving.

The focus of this project was directed toward health practitioners who work with the 28.9% of clients who are of Latino decent and who tend to be (a) homeless, (b) uninsured/underinsured, or (c) undocumented. This often requires further support in the areas of (a) English competency, (b) health literacy, and (c) education. This project was focused on familiarizing practitioners with culturally-bound Latino health related practices that the practitioner may encounter when working with the Latino population (USDHHS, 2013).

**Problem Statement**

In 2012, Pew Research Center reported that 17% of the population living in the United States was composed of Latino immigrants (Pew Research Center, 2013). Of the 17%, approximately 6.5 million were reported to be undocumented (González-Vázquez, Torres-Robles & Pelcastre-Villafuerte, 2013). It was estimated that California has the largest Latino population in the United States approximating 14.4 million (Pew, 2013).
San Diego’s Latino population is just over one million (Pew Research Center, 2011). The majority, 44.8%, of the Latinos living in San Diego are of Mexican, Puerto Rican and Guatemalan descent (Pew, 2011). Because San Diego borders with Tijuana, approximately one-fourth of its population is Mexican or Mexican-American (U. S. Department of Health and Human Services (USDHHS), 2013).

This project focused on the Latino populations who are receiving health care at two university student-run clinics. This population tend to come from lower socioeconomic backgrounds, have low English proficiency, and have limited education (Frostin, 2011; USDHHS, 2013). Of this population, it was projected that approximately 57% were uninsured and more likely to use alternative forms of medicine as indicated by the California Health Care Care Almanac, 2013. The National Health Interview Survey reported that Latinos make up the second largest group to use AHP. Ho, Nguyen, Liu, Nguyen and Kilgore’s 2015 report showed that in 2007, among the 150 Latino study respondents, 64 % used at least one form AHP. Additionally, Trangmar and Diaz (2008) found that 69% of the 70 Latinos surveyed endorsed the use of AHP. Trangmar and Diaz (2008) determined that the reasons for the use of AHP were the result of family traditions (33%) and the belief that the medical community had failed to address the Latino’s health needs (29%). The client believed that conventional medicine was not effective in treating their conditions (29%) such as mal de ojo or susto. In addition, one major finding was that 65% of the Latinos reported that they used AHP to treat their infections and 54% used AHP to treat constipation and diarrhea (Trangmar & Diaz, 2008).

A systematic review performed by Ortiz, Shield, Clauson, and Clay (2007) found AHP use among Latinos occurred at a rate of 50% to 90%. Ortiz et al., (2007) determined
that AHP therapies were used to treat a wide range of medical conditions, which are often unfamiliar to medical practitioners (Ortiz et al., 2007). Studies suggest that >60% of Latino clients do not disclose their use of AHP to their physicians (Ho et al., 2015).

Latinos are less likely to report to their practitioner their use of AHP, therefore, it is the responsibility of the practitioner to obtain this information through other means. This begins with educating the practitioner about AHP use among Latinos.

**Purpose Statement**

The purpose of this quality improvement project is to teach practitioners working in two southern California university student-run clinics about common AHP therapies used by the Latino population by means of an educational module as part of the clinics’ orientation workshop. This project targets new practitioners that will be working with Mexican, Mexican-American, and Central-American Latinos at the clinics. The goal is to enable practitioners to gain an understanding of the AHP that people of Latino cultures use to treat their diseases and illnesses in addition to the possible side effects these may provoke. The expectation is that the practitioner will be able to utilize this new knowledge when working with their Latino clients. The AHP practices presented in the module are culturally rooted and are often accepted as customary methods of treatment and are directed toward assessing a client for the use of alternative practices.

Often Latinos experience barriers to utilizing conventional medicine. These barriers include, poverty, lack of education, language deficits, lack of insurance, and lack of legal documentation. These barriers may explain why this population seeks medical care from more culturally traditional sources such as traditional healers (*curanderos*) and
home-based treatments such as herbal remedies and hot and cold therapies (Juckett, 2013; Ortiz et al., 2007).

In addition to the education module component of the project, culturally sensitive questions have been added to two of the clinics’ existing health information intake forms. The revised intake forms will be provided at the clinics with the greatest number of Latino clients. The updated questionnaire elicits health information about AHP and other treatments used at home. The intake form, which is completed during the initial interview, has been revised to alert the practitioner of the culturally based healthcare practices and beliefs of the Latino client. The questions bring specific awareness about the client’s use of alternative medicine, such as taking herbs to treat stomach ailments and helps identify the client’s perceptions of his/her illness, as well as, the perceived cause of the illness. Responses to the inquiries on the intake form allow practitioners to further probe the client on his or her use of AHP. This quality improvement project assists in providing practitioners with information regarding customary Latino AHP.

**Supporting Framework**

Two trans-cultural models guided the development of the educational module and the intake questionnaire. The models were the Giger-Davidhizar Transcultural Assessment Model (GDTA) and the Kleinman Illness Explanatory (KIE) Model. The education strategy, modeled after Olgren (2000) in her Learning Strategies for Learning Technologies was used for instructional purposes only because the course was computer based (Davidhizar, Giger Newman & Hannenpluf, 2006; Kleinman, Eisenberg & Good, 1978; Olgren, 2000).
The Giger-Davidhizar Transcultural Assessment Model

The GDTA Model (Figure 1) dictated that culturally unique individuals be assessed according to his/her biological differences, space and time perceptions, social associations, and environmental controls (Davidhizar et al., 2006; Eggenberger, Grassley, & Restrepo, 2006). The model served as a guide for determining the content that was included in the educational module.

Figure 1. The Giger and Davidhizar Transcultural Assessment Model.

The GDTA Model provided the design for presenting care which was culturally sensitive toward the Latino population. It has been reported that the GDTA model helps practitioners to improve the health outcomes in culturally diverse groups by increasing the understanding of lifestyle practices (Davidhizar et al., 2006). The model proposes that qualities such as effective care, understanding the meaning of health, having the support of the family, religious and spiritual beliefs, accepting common herb use and respecting health care beliefs were essential in settings where multicultural individuals seek care (Davidhizar et al., 2006). The model has good validity and reliability as indicated by
Cronbach’s alpha measured pretest with outcomes ranging from .73 to .84 across a second level nursing class. Cronbach’s alpha posttest scoring increased from .74 to .87 (Loftin, Hartin, Branson & Reyes, 2013). The Cronbach’s alpha measurement mentioned above was the result of Freeman’s (1993) unpublished evaluation of nursing students to assess their level of cultural sensitivity using the Cross-Cultural Evaluation Tool (CCET). The CCET consisted of a 20-item instrument assessing attitudes and behaviors with a Likert rating scale ranging from “exhibited always” to “never demonstrated” (Loftin et al., 2013). A cross-cultural interaction score was obtained indicating how well nursing students were able to make culturally sensitive choices. The CCET instrument was used before and after the GDTA Model was introduced to a class during a second-level nursing course (Loftin et al., 2013). The six phenomena outlined in the GDTA Model where incorporated into the education module for this project.

The communication component of the GDTA Model includes verbal and nonverbal messages learned in a person's country of origin. Variables include volume of speech, dialects, emotional tones and touch. Communication directs how individuals interact with each other (Davidhizar et al., 2006). Latinos, for instance, use the formal “you” when speaking to each other for the first time. The formal “you” is used to show respect to the listener. It is important that practitioner to use respectful tones and formal verbiage when discussing health needs with their client (de Paula, Lagana, & Gonzalez-Ramirez, 1996).

In the GDTA Model, space is determined to be the personal distance or territorial area between individuals. The component of space is important to understand when working with Latinos. Building cultural sensitivity regarding the concept of space
informs the practitioner of violations or respectful forms of spatial distance when working with Latinos. As a culture, Latinos are very modest and value privacy. They frequently avoid eye contact with authority figures; this could be perceived as indifference to the untrained practitioner. The space between the client and the practitioner may be an uncomfortable experience for Latinos. However, practitioners can demonstrate their appreciation of cultural differences by their understanding that touch is often part of traditional healing practices (de Paula et al., 1996).

Social organizations as defined in the GDTA Model are the behaviors learned in the family and the environment. The process is often called enculturation (Davidhizar et al., 2006). Behaviors are learned through family structures, tribes, organizations, religious beliefs, and values. Within the Latino culture, familialism is central to the family unit (de Paula et al., 1996). Latinos are influenced by privacy needs, health issues are kept within the family (de Paula et al., 1996). Traditionally, the family unit is headed by the father or the oldest male in the household (de Paula et al., 1996). They are the ultimate decision makers. Mothers are often considered the caretakers of the family. It is important, however; for the practitioner to assess who is responsible for addressing the healthcare needs of the family (Davidhizar et al., 2006). The practitioner must balance the mother’s role and the father’s role when providing treatment. This family dynamic will influence the outcome of treatment practices.

Time is the perception of the past, present or future. In the GDTA Model, time is interrupted using a culture perspective (Davidhizar et al., 2006; de Paula et al., 1996). For example, Latinos believe that time is relative to a situation. Latinos will arrive late to appointments due to their cultural interpretation of time. Practitioners’ awareness of this
cultural interpretation of time becomes important when attempting to care for the Latino population. Thus, practitioners must allow for additional time when scheduling appointments.

Environmental control refers to a person’s interpretation of the amount of control they may have in a given situation. This control can be external or internal to the person. In the GDTA Model, this includes the cultural view that influences a person’s sense of control. This sense of control will influence a person’s belief that an illness comes from an internal or external source (Davidhizar et al., 2006). It is often believed that an illness is caused by fate or the will of God. For example, within the Latino culture there is a strong mind-body connection. Worry (internal), may cause a physical manifestation of symptoms, which are believed to be caused by a hex (external) (de Paula et al., 1996). Practitioners should be sensitive to these beliefs and integrate them into their treatment plan. Traditionally, the whole family is involved in the treatment and recovery of the Latino client. The hospital environment is viewed as insensitive to the cultural preference to include family members during recovery (de Paula et al., 1996).

Biological variations, the GDTA Module postulates, are the differences in biology and development that are attributed to racial groups. Latinos, for example, are at risk for hypertension, type II diabetes and obesity. Research studies have identified a genetic sequence associated with excess risk for certain diseases. Additionally, environmental factors are also associated with risks in migrant populations suggesting that the Latinos’ lifestyle factors, such as diet and exercise, may contribute to the elevated risk (Coronado, Thompson, Tejeda & Godina, 2004). Developmental differences occur within the family unit in the manner in which male and female children are treated. Females are expected to
care for the males in the family. Females develop high levels of independence whereas males are not expected to cook or clean for themselves. There is an acceptance of excessive alcohol consumption, smoking and drug use (Albarran, 2011). These behaviors are more common among lower socioeconomic Mexican American born in the United States than among those born in Mexico (Albarran et al., 2011; Davidhizar et al., 2006, de Paula et al., 1996).

**The Kleinman Illness Explanatory Model**

The questions developed from the Kleinman Illness Explanatory Model (KIE) were selected to be presented in the teaching module and guided the development of the clinic intake assessment form. The KIE Model is an ethnographically-grounded model that is used to explain how a person views and experiences his or her own illnesses. Kleinman defined ethnography (a subcategory of anthropology) as the study of individuals, their language, the local life experiences, and social patterns. He noted that healthcare practitioners similar to anthropologists, attempt to explain the lived experience of a client’s disease through observations and interviews (Kleinman, Eisenbert & Good, 1978).

The KIE model provides the framework for healthcare practitioner to explore and understand a client’s perceptions regarding their illness. Kleinman explains that a client’s perceptions are derived from his or her own social reality, which is based upon their culture and disease process. The KIE model provides a guide for practitioners to follow when questioning a client during intake in order to obtain information about the client’s illness. The practitioner should seek to understand the cultural explanation for the client’s perceptions (Kleinman et al., 1978). The model uses, according to Kleinman, a “cultural
formulation” (Kleinman, 2006, p. 1674). The formulation is the process in which a practitioner uses to obtain relevant information pertaining to the cultural behaviors that may affect the outcomes of the client’s illness (Kleinman & Benson, 2006). As already mentioned, in the present project, the KIE model was used to guide the development of the culturally based assessment questions used during intake.

In summary, this section discussed the background, purpose, and objectives of the project. The supporting frameworks of the project were identified and discussed. The two frameworks included the Giger-Davidhizar Transcultural Assessment Model and the Kleinman Illness Explanatory Model.
REVIEW OF LITERATURE

Overview

The first part of the review examined literature regarding the barriers Latinos face when accessing conventional health care services. These barriers include issues created by poverty, language differences, lack of insurance and ill-defined immigration status.

The second part of the literature review provided an overview of the nature of AHP that Latinos use, which often involves the use of a curandero and herbal remedies. The third part of the literature review provided a discussion of possible adverse events that could arise and interfere with conventional medications. The fourth and final part of the literature review addressed deficits practitioners face when working with the Latino culture. All four parts of the review were used to develop the educational module and the intake questionnaire for this project.

Barriers to Utilizing Conventional Health Care

As of 2014, the Latino population in the United States increased to 55 million, and it continues to grow at a rapid rate (U.S. Department of Commerce Economics and Statistics Administration (ESA), 2013; Pew, 2011; Pew, 2013). In a report published in 2013 by the United States Census, it stated that Latinos are the third largest population living in poverty the United States (ESA, 2013). This rapid growth of population has created a shortage of healthcare services that can be provided to the Latino client. This misalignment is seen through inequalities in education, housing and legal representation when compared to non-Hispanic Whites (Centers for Disease Control (CDC), 2013).

In addition to poverty, Latinos show higher rates of obesity, diabetes, cirrhosis of the liver, homicide, and AIDS, than other ethnic groups. For Latinos living in the United
States, diabetes is the most prevalent health complication. Regrettably, the health services needed to improve chronic illnesses that affect Latinos are presently overburdened (Blendon et al., 2014; Ransford, Carrillo, & Rivera, 2010). Language differences, the lack of on-site translators, and the absence of alternative health treatments familiar to Latinos are additional barriers preventing the access to health care in conventional clinic settings. Cost and lack of insurance are also major barriers to accessing care in the United States (Ransford et al., 2010). Increasingly, free clinics and churches have become non-profit sites where the underinsured and uninsured Latino can receive primary health care, health screening and education. These non-profit sites offer emergent care to Spanish-speaking undocumented Latino men and women and their children (Ransford et al., 2010; Vissman et al., 2010). However, for these individuals, a visit to a clinic can provoke anxiety and depression stemming from a fear of deportation when visiting the practitioner (Blendon et al., 2014; Juckett, 2013; Ransford et al., 2010; Wassertheil-Smoller et al., 2014).

Due to these numerous difficulties, Latinos seek medical care from more culturally traditional sources (Juckett, 2013; Ortiz et al., 2007). They often visit traditional healers (*curanderos*) and use home-based treatments such as herbal and hot and cold remedies (Juckett, 2013; Ortiz et al., 2007). Additionally, the lack of knowledge by conventionally-trained healthcare practitioners on the use of bicultural and religious healing practices has led Latinos to mistrust the Western medical system. Thus, Latinos are driven to seek care in more familiar and comfortable alternative healthcare settings, such as a visit to the *curandero* (Vissman et al., 2010). The complexity of the reasons why Latinos seek help from traditional healers varies in their beliefs and knowledge of
the traditional system within each group, and is often based on acculturation levels and education (Andrews, Ybarra & Matthews, 2013; Juckett, 2013).

The Use of Alternative Health Practices Among Latinos

Alternative healthcare settings include those places where Latinos access advice, herbs, and antibiotics from nonmedical sources. These sites were identified as *tiendas* (Latino stores) where staff, family members and other individuals are perceived to be knowledgeable about health conditions (Juckett, 2013; Vissman et al., 2010). It must be emphasized that buying prescription drugs from nonmedical sources in the United States is not unique to Latinos (Vissman et al., 2010). The Internet has facilitated greater access to acquiring medications without the need of a prescription. It is not uncommon for Latino individuals to travel outside the United States to access medications that are sold at a lower price without a prescription (Vissman et al., 2010). In addition to medication, Latinos also seek out folk healers (*curanderos, yerberos, etc.*) to provide alternative treatments and cures for their common or chronic conditions (Vissman et al., 2010).

In a 2013 study on childhood diarrhea, Andrews et al. (2013), used open-ended interviews to learn about remedies Latinos use when treating childhood diarrhea. Of the 36 participants, 60% of the subjects admitted using alternative remedies to treat their children’s diarrhea. One of the most commonly reported remedies for diarrhea is through eating traditional foods, such as bread. Another remedy identified required the taping of a coin over the navel or the use of teas such as chamomile and spearmint tea to treat the diarrhea (Andrews et al, 2013; Kim-Godwin & McMurray, 2011).

Nasser, Wall and Ziment (2004), using a cross-sectional survey of 179 Latinos, found that 63% of the respondents admitted to using or having used one or more
alternative treatments for their conditions. Conditions mentioned were type II diabetes, hypertension and asthma (Nasser, Wall & Ziment, 2004; Ortiz, 2009). Though Latinos often use both alternative practices and conventional healthcare when treating their diseases, curanderismo, herbal remedies, and the hot and cold theory of illness have been found to be the most frequently used alternative practices (Andrews et al., 2013; Juckett, 2013; Lemley & Spies, 2013; Ortiz et al., 2007; Ransford et al., 2010; Salazar & Levin, 2013). Literature reveals that clinic practitioners must become more aware of these alternative practices to ensure safe therapeutic outcomes. Practitioners must acknowledge that Latino clients may be treating themselves at home with herbs that are given to them by a curandero. These herbs may interact with medications that are prescribed by a physician.

Curanderos. A curandero is a person who practices curanderismo. Curanderismo is the practice of using psychic or supernatural influences, herbs, spiritual and religious healing in order to help people overcome life’s events or health conditions (Salazar & Levin, 2013). Curanderos come from either a family with a tradition of curanderismo or thought to have received the gift of healing (Neff, n.d.). A client seeking medical care may go to either a conventional doctor or a curandero depending upon the type of illness the client possesses.

In the Latino culture, illness can be caused by many sources. The cause of the illness may predict which form of intervention may be sought. Thus, conventional medicine may be sought in conjunction with curanderismo. When a client believes the cause of their illness is the result of a hex, the client will most often seek care from a curandero. For example, mal de ojo (evil eye), would be a reason for seeking the help of
a *curandero*. The services of the *curandero* are sought because they are believed to bring a natural holistic aspect of care that is not found in Western medicine (Salazar & Levin, 2013).

The study of *curanderismo* has been qualitative in nature. Empirical data on the subject is rare and limited to the study of rituals, herbs or prayer to treat health conditions. However, many studies have been published noting that Latinos have long-established traditions in the use of alternative health beliefs and healing practices (Favazza Titus, 2014; Ransford et al., 2010). For example, Latinos believe that *curanderos* can treat both the body and the mind of the client. Common illnesses of the body that may be treated with both conventional medicine and traditional remedies include diabetes, pain, gastrointestinal disorders and others. (Favazza Titus, 2014; Ransford et al., 2010). *Curanderos* heal through the use of rituals, herbs, prayers, advice and counseling. The *curandero* is a highly respected member of the community and they are valued within the Latino culture. Some Latino clients will seek out a *curandero* for comfort due to their distance from family members and friends who have remained in Mexico (Ransford et al., 2010). Visiting a curandero creates a sense of closeness, connectedness and comfort to the Latino’s cultural norms (Ransford et al., 2010).

Despite the fact that studies have shown that Latinos frequently use alternative remedies, the lack of disclosure regarding use of alternative practices has created a gap in the communication between the conventional practitioner and the Latino client (Favazza Titus, 2014; Howell, et al., 2006; Nasser et al., 2004). Research indicates that full disclosure by the Latino client when seeking medical care is dependent upon the level of comfort and rapport that has been built between the client and the practitioner. In
addition, the practitioner’s knowledge of the Latino’s alternative practices also helps to increase disclosure regarding their client’s health behavior (Favazza Titus, 2014; Howell, et al., 2006; Kim-Godwin & McMurray, 2011; Nasser et al., 2004).

**Mal de ojo: Evil eye.** *Mal de ojo* is a folk illness affecting both adults and children, with infants being the most vulnerable victims of this condition. This supernatural belief holds that admiring a baby or a child leads to bad luck for the child. This look places the child at risk of becoming deathly ill or contracting a deadly disease. Infliction of *mal de ojo* is not always intentional. However, there are occasions in which a person may purposely inflict *mal de ojo* onto another person in order to put a hex on them. Treatment and prevention varies according to the region of Latin America the individual is from. For example, in Mexico it is often customary to touch the child while admiring him or her in order to prevent the hex from occurring. Another common cure to circumvent the hex of the *mal de ojo*, is to pass a raw egg over the child or the person to absorb the negative energy (Medical Spanish Online [MSO], 2016).

**Susto: Soul loss or strong fright.** *Susto* is described as an ailment caused from experiencing a frightful event such as a bad fall or a car accident. A *susto* is treated by a *curandero*. Symptoms of *susto* as described by clients correlate with symptoms associated with hypertension, diabetes, anxiety or depression. These symptoms can range from difficulty sleeping, knots in one’s stomach, deep sadness, listlessness, or as serious as heart disease (Wassertheil-Smoller et al., 2014). When an individual is inflicted by what might be considered sorcery-related-illnesses, for example, a *susto* (soul loss or strong fright) or *empacho* (abdominal pain), a traditional healer is preferred over a conventional practitioner (Andrews et al., 2013).
In a study of 42 diabetic Latinos, Coronado, Thompson, Tejeda and Godina (2004), found that there was a tendency on the part of participants to attribute their health condition to strong emotions such as *susto* (strong fright) (Coronado, Thompson, Tejeda & Godina, 2004). Using selected clinical trials, qualitative studies and systematic reviews, Lemley and Spies (2013) also concluded that Latinos related *susto* with the onset of type II diabetes as well as other health conditions (Lemley & Spies, 2013). In another qualitative, exploratory and descriptive study of 60 Latino individuals with type II diabetes, all the subjects attributed the cause of their illness be the result of *susto* (Lopez-Amador & Ocampo-Barrio, 2007). The clients reported modifying their medical treatment with herbal remedies. Additionally, they believed that the use of insulin to treat their diabetes was the cause of blindness, and not part of the disease process itself (Lopez-Amador & Ocampo-Barrio, 2007). The belief is that *susto* will not resolve on its own and must be treated by a *curandero* (MSO, 2016).

**Empacho: Gastrointestinal issues.** Latinos believe that when someone suffers from gastrointestinal related issues, such as indigestion, constipation, diarrhea, vomiting or lack of appetite, they may be suffering from *empacho*. *Empacho* is related to having undigested food stuck somewhere in the digestive tract. Food is believed to become stuck when a person eats too much of one kind of food. Food may also become stuck in the digestive track when it is eaten at the wrong time or when gum is ingested. Cures for *empacho* include drinking teas, rolling an egg on the stomach or massaging the stomach area (MSO, 2016).

**Mal aire: Bad air.** *Mal aire,* is negative or “evil” air that can either pass a person or enter a person. A temperature change in the air may cause problems such as chest pain,
pneumonia, and difficulty breathing. Other symptoms include dizziness, earaches, fever, cramps, and facial twitching. Treatment of these illnesses differs between children and adults. Children most commonly experience earaches when they catch *mal aire*. The treatment for this condition is blowing smoke into the child’s ear. This will cure the *mal aire*. It is believed that the smoke cleans the air and removes the evil. Smoke is blown into the ear by rolling up a newspaper into a cone-like shape, placing the tip of the cone into the affected ear, and igniting the outer-end of the cone with flames. The smoke is then blown into the child’s ear, which removes the *mal aire*. For adults, however, muscle spasms are the most common symptom of *mal aire*. The method of treatment for this condition is *cupping*. In this method, a cup is heated and placed on the area where the muscle spasm is occurring. The cup creates a vacuum suction in that area. The belief is that the muscle relaxes due to the suction created which then releases the tension (MSO, 2016). Other examples of traditional Latino illnesses are included in Table 1. Table permission was granted by American Academy of Family Physicians (Appendix A).
<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Characteristics</th>
<th>Traditional Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ataque de nervios</td>
<td>Intense but brief release of emotion thought to be caused by family conflict or anger</td>
<td>No immediate treatment other than calming the client</td>
</tr>
<tr>
<td>Bilis</td>
<td>Outburst of anger</td>
<td>Herbs, including wormwood</td>
</tr>
<tr>
<td>Caida de la mollera</td>
<td>Childhood condition characterized by irritability and diarrhea thought to be caused by abrupt withdrawal from the mother's breast</td>
<td>Holding the child upside down or applying gentle pressure to the hard palate</td>
</tr>
<tr>
<td>Empacho</td>
<td>Constipation, cramps, or vomiting thought to be caused by overeating</td>
<td>Abdominal massage and herbal purgative teas; an egg passed over the abdomen supposedly “sticks” to the affected area</td>
</tr>
<tr>
<td>Fatiga</td>
<td>Asthma symptoms and fatigue</td>
<td>Steam inhalation and herbal treatments, including eucalyptus and mullein (gordolobo)</td>
</tr>
<tr>
<td>Frio de la matriz</td>
<td>Pelvic congestion and decreased libido thought to be caused by insufficient rest after childbirth</td>
<td>Damiana tea, rest</td>
</tr>
<tr>
<td>Mal aire</td>
<td>Cold air that is thought to cause respiratory infections and earaches</td>
<td>Steam baths, hot compresses, stimulating herbal teas</td>
</tr>
<tr>
<td>Mal de ojo</td>
<td>A hex cast on children, sometimes unconsciously, that is thought to be caused by the admiring gaze of someone more powerful</td>
<td>The hex can be broken if the person responsible for the hex touches the child, or if a healer passes an egg over the child's body; the egg is then broken into a bowl of water and placed under</td>
</tr>
<tr>
<td>Mal puesto</td>
<td>Unnatural illness that is not easily explained</td>
<td>Magic</td>
</tr>
<tr>
<td>Pasmo</td>
<td>Temporary paralysis of the face or limbs, often thought to be caused by a sudden hot-cold imbalance</td>
<td>Massage</td>
</tr>
<tr>
<td>Susto</td>
<td>Post-traumatic illness (e.g., shock, insomnia, depression, anxiety)</td>
<td><em>Barrida</em> ritual purification ceremony (herbs used to sweep client's body) repeated until the client improves</td>
</tr>
</tbody>
</table>

**Herbalists (Yerberos).** The use of herbal medicines is a common practice among Latinos (Amirehsani & Wallace, 2013; Vissman et al., 2010). *Yerberos* (herbalists) are folk healers who use herbal remedies to treat and cure diseases. In Mexico, for example, there is a long and rich history of the use of botanical and herbal remedies among the population (Heinrich, Haller & Leonti, 2014). In 2013, Amirehsani and Wallace conducted a cross-sectional, descriptive study to explore the use of herbal remedies among 75 Latino clients with type II diabetes. The results of the study found that 69% of the Latinos used herbal remedies for self-care. Howell et al, (2006) used self-administered questionnaires to determine the use of herbs among 620 Latino clients. They found that 80.3% admitted to having sought treatments using herbs. Ransford et al, (2010) conducted in-depth interviews with 96 Latino community members in the Pico-Union area of Los Angeles. They found that herbal and home remedies were the most often used forms of treatment among individuals who were not able to access conventional care.

**Hot and cold illnesses Theory.** Many individuals in the Latino population believe in the hot and cold illnesses Theory. It is believed that there are physiologic imbalances that increase the risk of developing a hot or cold illness. A curandero restores that balance by treating the hot or cold illness (Table 2) (Juckett, 2013; Kim-Godwin & MacMurray, 2011). The hot and cold illness belief system is the fusion of beliefs between the Spanish conquistadores and the indigenous people of Mexico. During the Mexican Conquest, the Spanish brought with them their healing practices which included Hippocrates’s Humoral Theory. The theory holds that health depends on the correct distribution of the body’s four humors: blood, phlegm, yellow bile and black bile. These
four humors have the physical properties of being hot, cold, moist (wet), or dry. An imbalance in one of the humors causes illness (Ortiz et al., 2007). Hence, cultural beliefs determine whether the cause of the disease is external or internal to the person. The treatments for hot and cold illnesses vary but they all aim to restore the body’s balance. For example, for the treatment of empacho, a cold condition, hot herbal teas are used. Mal de ojo is considered a hot condition and may require that a curandero step in to remove a hex to treat the condition (Juckett, 2013).

Table 2

<table>
<thead>
<tr>
<th>Cold conditions</th>
<th>Hot conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
<td>Bilis (anger)</td>
</tr>
<tr>
<td>Colic</td>
<td>Diabetes mellitus</td>
</tr>
<tr>
<td>Empacho (indigestion)</td>
<td>Diaper rash</td>
</tr>
<tr>
<td>Frio de la matriz (decreased libido)</td>
<td>Gastroesophageal reflux/peptic ulcer</td>
</tr>
<tr>
<td>Headache</td>
<td>Hypertension</td>
</tr>
<tr>
<td>Menstrual cramps</td>
<td>Mal de ojo (evil eye)</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>Pregnancy</td>
</tr>
<tr>
<td>Upper respiratory infections</td>
<td>Susto (“soul loss”)</td>
</tr>
</tbody>
</table>


Traditional Mexican Medicinal Herbs and Potential Interactions

It is common practice among some Latinos to use alternative remedies in conjunction with conventional therapies. Thus, it is imperative that practitioners have knowledge of alternative remedies in order to begin the discussion with their clients about their use of alternative remedies when using in conjunction with conventional medicine (Favazza Titus, 2014; Juckett, 2013; Ransford et al., 2010; Vissman et al., 2011). Multiple factors contribute to the increased use of AHP. Among them are the wish for good health and wellness, the prevention of disease, increasing costs of conventional
medicine, and the belief that traditional remedies are more effective and safer than conventionally prescribed drugs (Tachjian, Viqar & Arshad, 2010). In other words, herbal supplements are widely used among Latino clients despite their use of prescription medications. Additionally, it is reported that Latino women are three times more likely to use herbs in the belief that they help to maintain good health (Howell, et al., 2006).

Few studies have systematically assessed the use of herbs among Latinos and the interactions experienced between herbal use and conventional medications (Tachjian et al., 2010; Howell et al., 2006). In recent years, a key area of research has focused on the study of plants that have potential anti-diabetic effects. Among Latinos, for example, the prickly pear cactus and urticadeae (the trumpet tree) are often reported herbal therapies for the treatment of type II diabetes (Heinrich et al., 2014). When treating with prickly pear, the person orally ingests a concentrated form of it. The water-absorbing polysaccharides that are present in the prickly pear cactus may act as a barrier within the intestine, causing the interference with sugar uptake (Heinrich et al., 2014). The prickly pear cactus is a commonly eaten vegetable in Latin America and health practitioners should be aware of its use (Lemley & Spies, 2013). The ingestion of prickly pear cactus juice may cause a hypoglycemic effect which practitioners should be aware of (Amirehsani & Wallace, 2013; Weller, Baer, Garcia de Alba & Salcedo Rocha, 2012).

Recently, a comprehensive review of alpha-glycosidase inhibitors from Mexican plants focused on the development of their possible anti-diabetic agents. Several clinical trials, report hypoglycemic properties (chlorogenic acid and isoorientin) of the trumpet tree (urticadeae). In this plant, the metabolites stimulate glucose uptake both in insulin-sensitive and insulin-resistant 3T3-L1 adipocytes in a murine cell line produced in mice.
The mice experienced improved glucose tolerance, decreased plasma cholesterol, triacylglycerols and liver triacylglycerols. There is a need for further studies of its effectiveness in humans (Heinrich et al., 2014). Type II diabetes is not the only condition for which Latinos reported using herbal remedies. Hypertension, depression, anxiety, obesity, gastrointestinal diseases, hyperlipidemia, and heart disease were also listed as diseases which are treated with plants (Amirehsani & Wallace, 2013; Juckett, 2013; Wassertheil-Smoller et al., 2014).

Another common plant that is used in the treatment of disease is aloe vera. Ingesting aloe vera juice is prevalent among Latinos for the treatment of both diabetes and cardiovascular disease. In the treatment of cardiovascular disease, aloe vera juice causes hypokalemia and can induce digitalis toxicity and arrhythmia (Ortiz et al., 2007). Therefore, it is important to understand that some herbal remedies have direct effects on the cardiovascular or hemostatic system and others have indirect effects through interactions with medications (Tachjian et al., 2010).

Ginseng and Guázima firewood (G. ulmifolia) are also commonly used herbs. Studies using Guázima firewood in ex vivo experiments demonstrated that infusions of the bark extract suppressed cholera toxin in rabbits. In humans, it is believed to be beneficial for the treatment of gastrointestinal disorders (Heinrich et al., 2014). Guázima may cause hypoglycemia, hypotension, and muscle relaxation. Some believe it to be a uterine stimulant. Ginseng, though advertised as an immune system stimulant, may cause hypertension, behavioral changes, and diarrhea. When ingested with warfarin, Ginseng will reduce prothrombin time which can reduce clotting and increase a client’s risk for bleeding (Tachjian et al., 2010).
Guava (*psidium guajava*) is the most studied medicinal plant. Latinos use it for gastrointestinal ailments. Leaf decoctions (extraction by boiling) studied in guinea pigs identified the flavonoid aglycone querceting as the key bioactive ingredient in guavas. It is safe when eaten as food. However, information is still lacking on the effects of the decoctions in humans (Tachjian et al., 2010). Latinos frequently eat guavas as a fruit. Thus, awareness of its consumptions on the part of the practitioner is still important. A list of Traditional Mexican Medicinal Herbs and Potential Interactions are shown in Appendix B.

Based upon the available information regarding the use of herbal remedies it is important for a practitioner to possess the knowledge of potential interactions with AHP and conventional medicine. Practitioners can develop this understanding by participating in training courses designed to build knowledge in this area. In fact, practitioners should obtain this knowledge at the institutional level. However, given the challenges to make institutional changes, this training is not accessible to current practitioners working in the clinic setting (Andrew et al., 2013). Practitioners’ training should involve an understanding of herb use and the teaching of tolerance and respect for the use of alternative treatments. The practitioner should be educated and reminded of the evidence surrounding the use of AHP. They should acknowledge, and know how to incorporate alternative treatments into their conventional care when possible (Kim-Godwin & McMurray, 2011; Ortiz et al., 2007).

Though it is possible to prescribe herbs safely with conventional medications, it is important to know that negative effects can occur from the lack of knowledge about adverse herb-drug interactions (Juckett, 2013). Practitioners and clients should have an
open discussion about lowering dosages of herbal remedies or substituting them with an alternative in order to decrease the chances of possible interactions (Amirehsani & Wallace, 2013; Juckett, 2013; Howell et al., 2006). All health care practitioners are advised to question clients about their use of herbal products (Tachjian et al., 2010).

**Knowledge Deficits in Nurses about Latino Health Care Practices**

Practitioners working in culturally diverse setting should understand the cultures of their population, which can be accomplished through training and experience. Kastrup (2008) suggested that the mission of all health care practitioners, whether nursing or medical, is to be respectful of the individuals and involve clients in the decision-making process when discussing treatment options. The practitioner should try to understand the client’s cultural systems of beliefs and values, as cultural beliefs and values are diverse and differ within the Latino population. Cultural diversity is multifaceted and involves geographical, ethnic, and biological differences, as well as the socio-political background and relationship values of an individual (Saunders, Haskins & Vasquez, 2015).

The delivery of good health care to Latinos is contingent upon the quality of the cultural knowledge of the individual providing it. Educational and work settings provide a venue for practitioners to receive culturally focused education. Faculty members may be unaware of the amount and quality of the curriculum devoted to building cultural competency. The curriculum should reflect sensitivity and diversity of cultures the practitioner may encounter most (Mayo, Windsor, Truong & Nichols, 2014). Along these lines, others have endorsed using standardized strategies for training practitioners who work with culturally diverse clients.
Typically, practitioners report that they are moderately confident in their ability to work with diverse clients (Loftin, et al., 2013; Paez, Allen, Carson & Cooper, 2008). However, they express a lack of cultural knowledge related to caring for ethnic minorities and agree that more awareness and education is needed (Paez et al., 2008). Also, Paez et al. (2008) argued that cultural competence is broadly defined which makes it difficult to communicate to others. Romanello and Holtgrefe, (2009) indicated that most health practitioners do not have a true understanding of cultural competence/sensitivity or diversity. Thus, it is recommended that education include an updated definition of cultural competence, integrating cultural issues into client-care plans, and creating teaching situations that include cultural differences (Garneau & Pepin, 2015; Romanello & Holtgrefe, 2009).

In conclusion, there is support for the need of targeted education for healthcare practitioners who care for Latino clients. A synthesis of evidence has shown that Latinos have more difficulty accessing health care. They are more likely to use alternative remedies for the treatment of disease and there are gaps in knowledge among practitioners regarding Latino alternative healthcare practices. In order to increase client safety and satisfaction, practitioners must become more knowledgeable about the social/cultural/historical influences driving Latino healthcare practices.
METHODS

This section discusses the methods used to identify relevant literature for this project. A synthesis of the evidence-based literature was performed using the key concepts:

(a) Latino culture,
(b) Barriers to utilizing conventional health care,
(c) Most commonly used AHP,
(d) Potential interactions between conventional and alternative practices,
(e) Knowledge deficits in nurses about Latino health care practices, and
(f) Education strategies for practitioner education provide instruction on how to use culturally sensitive questions when interviewing a client during clinic intake.

Search Methods

The databases reviewed for this literature appraisal were CINAHL, PubMed, Google Scholar, ERIC, and CAM (Figure 2).

<table>
<thead>
<tr>
<th>Literature Review (chosen for review)</th>
<th>PubMed, CINAHL, Google Scholar, ERIC, CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Latino health care/barriers</td>
<td>(24)</td>
</tr>
<tr>
<td></td>
<td>N = 8</td>
</tr>
<tr>
<td>Nurse competence/incongruence</td>
<td>(28)</td>
</tr>
<tr>
<td></td>
<td>N = 12</td>
</tr>
<tr>
<td>Alternative health practices &amp; med/herb interactions</td>
<td>(29)</td>
</tr>
<tr>
<td>Education strategies</td>
<td>(18)</td>
</tr>
<tr>
<td></td>
<td>N = 8</td>
</tr>
</tbody>
</table>

*Figure 2. Databases used and number of articles chosen for the project.*
The literature data was drawn from medicine, nursing, medical anthropology, nursing anthropology, psychology, sociology, education, and public health. Search terms were: “Latino ethnicity,” “Latino uninsured,” and “underinsured,” “Latino health and religion,” “documented and undocumented Latino populations,” AND “health,” “brujo(a) (sorcerer),” and “curanderos (traditional healers),” “health disparities,” “cross-cultural care giving,” “cultural competency,” “cultural competent services,” “cultural sensitivity,” “integrative health,” “perceptions of health,” “primary care,” “traditional medicine among Latinos,” “transcultural assessment,” “integrative medicine,” “nursing education,” “learning strategies,” “teaching strategies,” and “cultural education.” A university librarian assisted in the development of the comprehensive search methods to capture the most appropriate literature focused on the goals of the project. The librarian suggested the use of truncation in the library search and the use of an asterisk symbol (*) (truncation mark) to bring up different variations of words. The word “heal*,” automatically searched (health, heal, heals, healing, healer). To narrow the search further, other keywords such as “heal* AND clinic*” were combined. Advance searches were used to find specific types of articles.

The search was limited to English and Spanish. The word "Hispanic" was used if it was mentioned interchangeably with the word "Latino," only when describing the Mexican, Mexican-American or Central-American populations. Peer reviewed literature from 2000-2015 was used with the exception of five primary sources frequently cited in the literature: Kleinman's Illness Explanatory (KIE) Model, which was initially published in 1978, the LEARN Model published in 1983, Culture & Nursing Care: A Pocket Guide published in 1996, and Sonia Meluk’s journal in El Acta Médica Colombiana published
in 1990. The focus of the literature search was to retrieve journal articles that concentrated on:

(a) Latinos’ perceived barriers to utilizing conventional health care
(b) Most commonly used AHP by Latinos,
(c) Potential interactions between specific alternative practices,
(d) Incongruence of practitioners’ knowledge regarding AHP of Latinos,
(e) Education strategies for practitioner education, and
(f) Culturally sensitive questions for eliciting information about beliefs and practices when interviewing a client.

Because the Latino population includes many different heritages, research articles that did not include Mexican, Mexican-American, or Central-American populations were excluded. This project did not require permission from the Institutional Review Board (IRB) as it will be implemented upon the completion of the DNP program.

**Search Results**

The search results of the literature synthesis revealed that Latinos do practice alternative healing methods in conjunction with conventional medicine. Though many scholarly articles were found on the topic of alternative medicine use amongst populations, the search resulted in 57 articles which were used as references in the project. All the Latino health articles revealed that there was a need for practitioners to be educated on Latino alternative health issues.
Proposed Project

The project consisted of two separate components. One component was to develop an education module focused on Latino health care, and the other was to add a culturally-based questionnaire into an existing health history intake form.

Module Objective

The focus of this module was to develop an evidence-based educational module, in a slide presentation format, using culturally based information to educate healthcare practitioners about common alternative health practices and health beliefs of the Latino client. The practitioner learning objectives were to:

- Identify barriers to conventional care that impact the Latino population.
- Increase practitioner knowledge of the Latino population’s culturally-based healthcare beliefs.
- Identify potential negative effects of alternative healthcare practices when used with conventional medications.

A quiz was added at the end of the learning module to be completed by the participant to demonstrate their understanding and knowledge gained from the module.

Intake Form Objective

The objective of the intake form was to add a cultural assessment section into an existing healthcare form. A revision of an existing clinic’s health history intake form was accomplished by adding culturally-based questions to elicit client information regarding their use of alternative healthcare practices. The client’s beliefs about their health and illnesses were assessed in order to gain an understanding of their perceptions of their health condition.
RESULTS

As stated, the results of the systematic review revealed that more culturally-focused education is needed for practitioners working with specific ethnic cultures. This section discusses the setting, methods of instruction, models, and strategies used to teach incoming practitioners about the alternative healthcare practices used among Latinos receiving treatment at two student-run clinics in San Diego, California.

Educational Module and Culturally Based Intake Form

The implementation of the education module and inclusion of additional culturally appropriate questions to the existing intake form will be initiated at the clinics with the largest number of Latino clients in National City and Oceanside, California. Two volunteer family nurse practitioners and four nurses operate the National City location. The daily client load varies between 10-20 clients per day with approximately 50% being of Latino decent. The clinic is open every Tuesday from 1:00 to 7:00 pm. At the Oceanside clinic, four volunteer family nurse practitioners, one physician, five registered nurses, and one mental health nurse specialist provide services. The clinic is open Tuesdays and Thursdays from 1:00 pm to 7:00 pm with mental health services provided on Tuesdays from 10:00 am to 11:00 am. The number of clients who visit the clinic range from 15-20 each day and approximately 50% the clinic population are Latino. Most clients are uninsured, undocumented or underinsured. The physician at the Oceanside clinic serves as the medical director for both clinics.
Education Strategies for Practitioners

According to Diaz, Clarke and Wairimu Gatua, (2015), health practitioners, nursing faculty, and clinical educators self-report being culturally competent. This, they assume, is achieved by the mere fact that they worked among culturally diverse populations. However, medical and nursing university faculty continue to struggle to integrate cultural competence, sensitivity and diversity content and concepts into their existing curriculum (Diaz, Clarke & Wairimu Gatua., 2015). To overcome this hurdle, researchers continue to investigate new methods to integrate cultural diversity training for medical practitioners, nursing staff and other professionals by offering continuing education through professional development on site (Doherty, 2010). Doherty notes that when teaching new information, it is best to provide a face to face multimodal method of delivery. However, when time is limited, a slide presentation can provide the most flexibility for instruction when delivering new information (Doherty, 2010).

Olgren’s Learning Strategies for Learning Technologies

The present project requires new learning on the part of the practitioners. The project utilized Learning Strategies for Learning Technologies, which is a learner-centered approach to teaching when technology is the mode of delivery for the instruction. Olgren’s (2000) framework focuses on how to instruct adult learners with various learner needs, who have different motivations, and attitudes. The key concepts of the framework are learning strategies, goals, motivations, relevance, and outcomes. Some modes of technology (i.e. slide presentation), physically separate the learner from the educator. Therefore, the goal of instruction when using technology is to link the learner
with activities that are interactive and engaging (Olgren, 2000). This model was the
foundation of the instructional strategy used to implement the education.

The AHP educational module will be included in the orientation of new providers
to the clinic. The education module was divided into six manageable components and
presented online. The online slide presentation method allows for easy access and
convenience (Olgren, 2000). Olgren’s strategies were easily applied to introduce the
education module. Slide presentations are cost-effective, time-efficient, and multi-media
adaptable, which was critical for delivering information to practitioners in the present
project who did not have time for face-to-face training (Doherty, 2010). The goal of the
module was to broaden the practitioner’s knowledge of perceived barriers to care, AHP
of the Latino population, and the potential side effects of the traditional medicinal herbs
when ingested or used in conjunction with other medications. Practitioners complete
simple interactive learning activities at the end of each section to demonstrate their newly
gained knowledge.

There is lack of sufficient evidence to support the learning outcomes of
PowerPoint presentations. Nevertheless, slide presentations have become the most
popular method to teach (Jones, 2009; Savoy, Proctor & Salvendy, 2008). At Purdue
University, 61 students were surveyed in a Human Factors in engineering course. The
survey revealed that the PowerPoint presentation was preferred over traditional
presentations (lectures without PowerPoint) for the retention of information. However,
researchers agreed that the instructor should deliver relevant information to ensure
motivation and engagement (Jones, 2009; Meloni, 2010, Savoy et al., 2008; Lai, Tsai, &
Yu, 2011). Also, educators must clearly understand the limitations inherent in
PowerPoint presentations, specifically, the variations in learning styles of the learners (Savoy et al., 2008).

Additionally, Lai, Tsai and Yu (2011), discovered that among 170 sophomore and junior students, the PowerPoint presentation helped students learn. They noted, that when presented well, the PowerPoint created a “flow” (p. 43) in the message the educator wanted to communicate. It was recommended, however, that one should be careful not to overload the learner with too much information (Lai et al., 2011). Thus, the information presented in this project was kept to one concept at time to not overload the learner with too much information. Goodwin (2014) reminded the reader that the working memory in adults can fade after five to ten minutes, so information should be limited to short periods of time. The education module was purposely designed to be studied in one hour or less dependent upon the level of interaction that the practitioner desired. Goodwin also stated that the key to long-term memory laid in “the simple notion of repeat, repeat, repeat (Goodwin, 2014, p. 78). The activities built into the module were designed to help increase retention of information by having students perform a task related to the lesson taught in the module. Also, researchers agreed that to promote viewer interest, an effective slide presentation should be visually appealing, and provide clear goals, objectives, and outcomes (Goodwin, 2014, Lai et al., 2011; Savoy et al., 2008). Though, the slide presentation contains vital information concerning Latino healthcare, the content strived to use clear explanations and visuals related to the topic.

**Education Module**

The first objective of the project was to develop a teaching module grounded by evidence-based and culturally-focused, relevant information based on the GDTA Model
(Davidhizar et al., 2006). The educational module, which will be implemented into the clinics upon the completion of the DNP program, provided:

(a) An overview of the GDTA Model and how its six phenomena apply to the Latino individual,
(b) Overview of the KIE model, which provided a guide for obtaining health information when interviewing people of other cultures about their own perception of their illness,
(c) Common barriers experienced by Latinos regarding access to healthcare,
(d) A review of three commonly used AHP,
(e) A list of the most common herbal remedies and their potential side effects when used alone or in conjunction with conventional medications.

The module consists of 6 sections; each section contains activities related to the topic addressed (Appendix C). Repeated practice helps the practitioner retain information and determines their level of understanding of the concepts taught in the module. As part of the activities, a practitioner will be instructed to identify potential dangerous outcomes of AHP, and to use their critical thinking skills to assess whether a practice would be harmful to the client. For example, a client may disclose that they are utilizing the egg ritual to cleanse their body. The practitioner after having completed the module would know that the egg ritual is the passing of an egg over the client’s body. This is not an invasive ritual and does not interact with conventional medicines prescribed. Module handouts of all materials will be made available for download and printing prior to beginning the course. An anthropologist who is an expert on Mexican AHP, the clinics’
coordinator and the clinics’ director have endorsed the contents of the module as being appropriate for familiarizing practitioners to the topic of AHP.

**Formative and Summative Assessment**

Practitioners will be evaluated using formative and summative assessments. Knowledge regarding AHP is based upon the course objectives. The formative assessments will use the three domains of learning: cognitive, psychomotor and affective taxonomies, which are completed during the presentation of the module. For example, the activities include listing personal health beliefs, concept mapping of the GDTA model, listing major barriers to healthcare access, comparing Latino methods of healing practices, listing herbal remedies with potential side effects and a case study, etc.

The summative evaluation consists of a 10-item quiz taken at the end of the course. The quiz examines the practitioner’s understanding of key concepts and ideas presented in the education module (Appendix D). The quiz consists of five matching and five multiple choice items. A passing score of 80% is required to be identified as proficient. Those practitioners who do not score 80% or better are required to complete the education module until a score of 80% is achieved. The course was designed to be studied and completed in approximately one hour. A notice of completion will confirm the learner has completed the course through an email sent to the educator (Appendix E).

**Course Evaluation**

A model for measuring the effectiveness of training programs was developed by Donald Kirkpatrick in the late 1950s (Kirkpatrick, 2012). It has since been adapted and modified by a number of researchers. However, the basic structure has remained the same since its inception. This evaluation model was chosen to evaluate the project course in
part one of the proposal. The Kirkpatrick model is a four-level model that evaluates the learner’s reaction, learning, behavior and result of newly gained knowledge. The four levels of training evaluation are:

(a) Reaction (level I) or the degree of the practitioner’s favorable reaction to the training,

(b) Learning (level II) or the degree of knowledge obtained, confidence and attitudes the practitioner gained from the training,

(c) Behavior (level III) or the degree to which the practitioner applied the new knowledge to the task after the training, and

(d) Results (level IV) or the degree of benefit to the clinic as measured by a client satisfaction survey.

At the end of the education module, practitioners will be presented with a course evaluation survey based on Kirkpatrick’s evaluation model (Appendix F). The survey measures:

(a) What the learner thought (liked/disliked) about the training module,

(b) Was new knowledge gained,

(c) How likely is it that the training changed the way the practitioner cared for the Latino population (Kirkpatrick, 2012).

Any future changes in clinic practice will be measured using a client satisfaction survey.

Kirkpatrick’s model works well as an evaluation method because an assessment of the learner’s opinions of the course is necessary in order to improve its contents. Also, it conveys whether the information was relevant to the learner, if it met the learners’
expectations and whether the information learned will help in the clinic setting (Kirkpatrick, 2012).

The information gained from this evaluation will be used to improve the instructional design of the teaching module. All practitioners and staff members will be able to download and print a copy of the slide presentation and handouts for reference. Additionally, a copy of the course and handouts will be placed in the practitioner information binders held at each clinic.

**Intake Questionnaire**

The second portion of the project was the addition of a culturally-based questionnaire to an existing client intake assessment form (Appendix G). The questions were modeled after Arthur Kleinman’s illness explanatory model. The questions are:

(a) What do you think caused your illness?
(b) What do you think the illness does to your health?
(c) What is the most important thing we can do for you here at this time?
(d) Do you think your illness is physical?
(e) What other health care practitioners are you seeing?
(f) What have other practitioners told you about your illness?
(g) What other spiritual or herbal treatments have you tried to treat your illness?

The intake form provides practitioners with questions helping them engage with their Latino clients. Each question guides the practitioner through a critical assessment of their clients perceived illness. The information gathered allows the practitioner to gain a deeper understanding and connection with their Latino clients regarding their health care
practices. The questions on the intake form will help the practitioner to delve deeper into the beliefs and perceptions held by the Latino client.

In order to maintain compliance with the Health Insurance Portability and Accountability Act (HIPAA) all client information collected from the intake forms will be stored within the clinics’ “Practice Fusion®” medical information system, which is an encrypted cloud-based electronic medical record system. Any paper intake forms will be shredded at the end of a working day using a HIPAA-compliant shredder. The education module will be stored on a university based cloud system

**LEARN Model for Cultural Competency**

To help ease the discomfort of a client during the interview process, Berlin and Fowkes (1983) recommend using the LEARN Model for Cultural Competency. The LEARN acronym stands for listen, elicit, explain, acknowledge, recommend, respect and negotiate (Berlin & Fowkes, 1983). Each letter of the acronym stands for a communication strategy a person should engage in when interviewing a client, such as during a health history interview. The goal when using this technique is to allow a practitioner to better understand the Latino client’s health habits and to help the client make more informed decisions about their healthcare regiment.
DISCUSSION

The present project was designed to teach practitioners about the AHP of the Latino client. An education module was developed because it provides the easiest and most flexible method for educational training. As previously discussed, the education module is appropriate for orientation when working with volunteer healthcare practitioners and staff. Though it was designed as a one-hour course, the practitioners are allowed to move through the presentation at their own pace. Most practitioners’ prior knowledge regarding the concept of AHP has come from their basic studies. However, practitioners have limited knowledge of the cultural norms, herbal remedies, and specific practices and rituals of the Latino population.

The education module provides the means of educating the practitioner in a non-threatening and open format and the goal of the module is to help practitioners build rapport with their clients. In the past, the practitioners in the student-run clinics were unaware of the types of questions to ask their clients in order to gain the necessary information for treatment. Therefore, it is projected that the practitioners will use the education module as a first-step in helping them to “connect” with their clients. The education is expected to increase the quality and safety of the healthcare provided. Additionally, providing the practitioner with specific questions to ask their clients during the preliminary interview, using the newly added cultural assessment portion of the intake form, removes the guessing and awkwardness a practitioner may experience when attempting to interview the client for the first time about their AHP use. The questions remove the cognitive load that new practitioners sometimes experience when engaging in a new practice. This load becomes more difficult when the client may be engaging in a practice that may interfere with the medical treatment. The cultural assessment
questionnaire allows the practitioner to be thorough and consistent while focusing on the client.

A client satisfaction survey (Appendix H) was implemented into the clinic setting in November, 2015, for baseline data gathering. After implementing the educational module and adding questions to the intake form, the survey will continue to be administered to each client to determine if there is a change in the satisfaction level of the client based upon the practitioner’s newly acquired knowledge. All the nurses must complete the intake form when interviewing a client. It is the policy of the clinics that all questions be answered. Once the intake form is completed, the nurse presents the form to the primary practitioner. The primary practitioner checks the form to ensure that every item on the form has been completed. As soon as the client leaves the clinic, the form is scanned and added into his or her Electronic Medical Record. All Electronic Medical Records are checked for content and completeness by a staff member who reviews all charts as well as the intake forms on a weekly basis. This ensures that the client is being asked the questions on the revised intake form regarding their alternative healthcare practices. The information gained from the intake forms is included in the client’s plan of care.

**Implications for Care**

This project was designed to be a quality improvement project targeting Latino clients who receive care in student-run clinics. It was made clear through evidence that practitioners must become culturally sensitive to the needs of their Latino clients which in turn will lead to competent care. The education module provides practitioners with the tools to help facilitate communication in order to explore the culturally based beliefs and
AHP. The education module increases the breadth of knowledge of the practitioner. This provides them with safer and more rewarding interactions with their Latino clients.

**Recommendations**

Further studies are warranted on the topic of cultural sensitivity among the Latino population living in the United States. The time allotted for completion of the module may be a motivating factor, impeding completion. One recommendation to help motivate the practitioners to complete the module is to make the course available in the form of continuing education hours (CEUs). By accrediting this course, all practitioners have an incentive to complete it. Currently, university faculty members are not required to view the course. A second recommendation is to make the course mandatory for all staff, volunteers and faculty who are involved in the clinics. This ensures the same level of knowledge among the entire staff. One final recommendation is to provide a two-day orientation workshop rather than one day. The second day would be dedicated to increasing cultural sensitivity awareness, which would include the slide presentation and lecture, discussion forums, case studies and role-plays.
CONCLUSION

An evidence-based education module and a culturally-based questionnaire utilized the Giger-Davidhizar Transcultural Assessment (GDTA) Model and the Kleinman Illness Explanatory (KIE) Model. Olgren’s (2000) Learning Strategies for Learning Technologies was used as a strategy to develop the on-line education module for practitioners working in a university’s student-run clinics. The module focuses on the perceived barriers to healthcare, the alternative health practices, herbal remedies, and the practitioner’s lack of knowledge of AHP utilized by the Latinos. The education module provides cultural and evidence-based information in slide-presentation format. The aim of the project is to help practitioners become more knowledgeable and to assist them in eliciting information about their Latino client’s AHP. Moreover, by designing this presentation the practitioner may be able to identify the connection between the Latino client’s historic and culturally embedded health practices and its relevance to client safety.

The project seeks to change the views and perceptions held by both the practitioner and the Latino client at the student-run clinics. On the part of the practitioner, the project will expand the appreciation for, and knowledge of AHP, among Latinos. On the part of the Latino client, the project will reduce the negative perception of the practitioners as being money driven, uncompassionate, and uninterested in their safety and well-being (Meluk, 1990). All portions of the project will be implemented at completion of the DNP program.
REFERENCES


Centers for Disease Control and Prevention. (2013). Hispanic or Latino populations. *Office of Minority Health and Health Equity (OMHHE).* Retrieved from Center


physician? *The Journal of the American Board of Family Medicine, 19*(6), 566-578.


Neff, N. (n.d.). Folk medicine in Hispanics in the southwestern United States (Module VII of Health Status and Determinants of Health of Hispanic Populations [online course]) Houston, TX. *Baylor College of Medicine, Department of Community Medicine*. Retrieved from http://www.rice.edu/projects/HispanicHealth/Courses/mod7/mod7.html


APPENDIX A

PERMISSION TO USE TABLES

From: copyrights copyrights <copyrights@aafp.org>
Sent: Wednesday, January 20, 2016 8:06 AM
To: Michelle Alfe
Subject: Re: Permission Request Form

Good morning Michelle,

You are free to use this material in your dissertation. If you decide to publish later, simply notify me at that time and tell me the details about the publication. There is a fee associated with commercial publication, and it is dependent on the amount of our material used. I hope this answers some of your questions.

Best regards,

Mindy

Mindy Cleary | Intellectual Property
American Academy of Family Physicians
11400 Tomahawk Creek Parkway | Leawood, KS 66211
Office: (913) 906-6000, x6452
mcleary@aafp.org
Michelle
I'm glad you found the article helpful. The AFP owns the copyright on the article after publishing it so you will have to contact them as well. You can tell them that I'm ok with your using these for your DNP project with proper citations.
Greg Juckett

On Dec 2, 2015, at 4:38 PM, Michelle Alfe <malfe@csusm.edu> wrote:

Dr. Juckett,
My name is Michelle Alfe. I am a DNP student at California State University Fullerton. I am also a faculty member of California State University San Marcos School of Nursing. I would like ask your permission to utilize your tables of Latino Illnesses and herbal remedies in my formal paper for my DNP project. I found your article very interesting and helpful. My project topic is traditional healing practices among Latinos.
Please let me know if you would allow this.
Thank you for your consideration.
Sincerely,
Michelle Alfe, RN, CNS
CSUSM School of Nursing
## APPENDIX B

### TRADITIONAL MEDICINAL HERBS AND POTENTIAL INTERACTIONS

<table>
<thead>
<tr>
<th>Herb</th>
<th>Traditional Use</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ajo (garlic)</td>
<td>Eaten to alleviate hypertension and prevent arteriosclerosis; garlic juice is applied to stings and spider bites</td>
<td>Anticoagulant effect at high doses; avoid high doses in clients taking Coumadin (Warfarin); high doses can cause heartburn and bad breath; can interact with statins and reduces effectiveness of saquinavir (Invirase)</td>
</tr>
<tr>
<td>Arnica (Arnica or golden aster)</td>
<td>Boiled flowers are used externally on bruises</td>
<td>For topical and homeopathic use only; avoid internal use (except for homeopathic preparations, which are considered safe); increased gastroenteritis and dyspnea risk with ingestion</td>
</tr>
<tr>
<td>Borraja (borage)</td>
<td>Flower tea used for bronchitis and fever</td>
<td>Hepatotoxicity risk from pyrrolizidine alkaloids (in leaves) with high or prolonged doses</td>
</tr>
<tr>
<td>Canela (cassia cinnamon)</td>
<td>Spice used as antispasmodic and for upper respiratory infections; although promoted as a hypoglycemic agent, recent research is conflicting</td>
<td>Use with caution in clients taking hepatotoxic drugs; safe in usual food quantities</td>
</tr>
<tr>
<td>Cilantro (cilantro [leaf] or coriander [seed])</td>
<td>Tea used for anxiety, stomach cramps, and inflamed gums; more recently popularized for increasing the urinary excretion of heavy metals</td>
<td>No safety concerns, although there have been recalls because of salmonella and pesticide contamination</td>
</tr>
<tr>
<td>Clavo (oil of clove)</td>
<td>Oil used topically for toothache and bad breath</td>
<td>Eugenol in clove oil may affect blood clotting; toxic if ingested, especially in children</td>
</tr>
<tr>
<td>Culantrillo or avenca (maidenhair fern)</td>
<td>Tea or syrup used as an expectorant, a diuretic, and for constipation, liver problems, and gall stones; also used to induce menstruation</td>
<td>High doses may cause vomiting; avoid in pregnancy; no known interactions</td>
</tr>
<tr>
<td>Damiana (Turnera)</td>
<td>Leaf tea used for anxiety and lethargy, most popular as an aphrodisiac</td>
<td>Theoretical concern of cyanogenic glycoside toxicity with higher doses</td>
</tr>
<tr>
<td>Herb</td>
<td>Traditional Use</td>
<td>Comments</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>---------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Epazote (Dysphania or wormseed)</td>
<td>Tea used for intestinal parasites; herb is added to beans to prevent flatulence</td>
<td>Chenopodium oil is also used as an antihelmintic but may be toxic (ascaridole content)</td>
</tr>
<tr>
<td>Estafiate (Artemesia or wormwood)</td>
<td>Tea used for upset stomach and menstrual cramps, and to prevent diarrhea</td>
<td>Long-term ingestion causes absinthism (trembling, vertigo, thirst, delirium); thujone in the essential oil is neurotoxic and may cause seizures</td>
</tr>
<tr>
<td>Eucalipto (eucalyptus)</td>
<td>Boiled leaves used for asthma in vaporizers; popular in lozenges for sore throat; also sometimes used as topical disinfectant</td>
<td>Ingesting eucalyptus oil may cause vomiting, diarrhea, delirium, and convulsions; avoid using in vaporizers for children younger than six years</td>
</tr>
<tr>
<td>Gordolobo (Verbascum densiflorum or mullein)</td>
<td>Tea used to treat cough and sore throat; one study reports use for otitis</td>
<td>No known safety concerns (insufficient data) or drug interactions</td>
</tr>
<tr>
<td>Guarumo urticadeae (trumpet tree)</td>
<td>Tea used for asthma, bone fractures, bruises, diarrhea, fever, genitalia infections and diabetes.</td>
<td>Insufficient data. antidepressant-like activity in rats. May cause</td>
</tr>
<tr>
<td>G. ulmifolia (Guázima firewood)</td>
<td>An infusion of crushed seed soaked in water is used to treat diarrhea, dysentery, colds, coughs and venereal diseases. It is also used as a diuretic and astringent.</td>
<td>In vitro studies has shown that it could prevent angiotensin II activation</td>
</tr>
<tr>
<td>Jengibre (ginger)</td>
<td>Root tea used for nausea or vomiting</td>
<td>High doses may cause anticoagulant effects and excess gas or bloating</td>
</tr>
<tr>
<td>Limón (lemon)</td>
<td>Fruit juice used for fever, upper respiratory infection (classic “cooling” herb), and hypertension</td>
<td>No safety concerns</td>
</tr>
<tr>
<td>Llantén (plantain or plantago)</td>
<td>Weed leaf used externally for burns, bruises, mouth sores, and hemorrhoids; tea taken orally for respiratory infections</td>
<td>Mild diarrhea reported with ingestion</td>
</tr>
<tr>
<td>Manzanilla (chamomile)</td>
<td>Tea used for colic or upset stomach</td>
<td>Allergic reactions and conjunctivitis</td>
</tr>
<tr>
<td>Herb</td>
<td>Traditional Use</td>
<td>Comments</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>---------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Nopales (Opuntia or prickly pear cactus pads)</td>
<td>Eaten as part of diet; has anti-diabetic, anti-inflammatory, and laxative properties; also used as hangover treatment and for hyperlipidemia</td>
<td>May inhibit drug absorption; excess consumption may cause diarrhea and nausea</td>
</tr>
<tr>
<td>Oregano de la Sierra (Mexican oregano)</td>
<td>Leaf tea used to treat cough, indigestion, and stomach gas</td>
<td>Occasional allergic reactions</td>
</tr>
<tr>
<td><em>Psidium guajava</em> (guava)</td>
<td>Leaf decoctions (extraction by boiling) treats gastrointestinal disorders</td>
<td>Safe when eaten as food. Not enough information to know if it is safe in the larger amounts</td>
</tr>
<tr>
<td>Romero (rosemary)</td>
<td>Leaf tea used to improve digestion</td>
<td>Safe in small quantities in food, but contains monoterpene ketones, which can cause toxicity (intestinal irritation, kidney damage, abortion, seizures)</td>
</tr>
<tr>
<td>Ruda (rue)</td>
<td>Toxic herb used to induce menstruation and abort fetuses</td>
<td>Toxic; avoid oral use; may cause renal and hepatic damage; furocoumarins can cause skin photosensitivity</td>
</tr>
<tr>
<td>Tilia (linden)</td>
<td>Tea from dried flowers used to relieve cough</td>
<td>Rare allergic reactions</td>
</tr>
<tr>
<td>Yerba buena (mints, including spearmint and <em>Clinopodium [Satureja] douglasii</em>)</td>
<td>Mint tea relieves upset stomach and headaches</td>
<td>Safe in usual quantities, but spearmint oil is a mucous membrane irritant and potentially toxic when ingested</td>
</tr>
<tr>
<td>Zabila/Sabila (Aloe vera)</td>
<td>Topical use for burns; occasionally ingested</td>
<td>Safe for topical use; juice is relatively safe; ingestion of aloe resin (a purgative) may cause diarrhea, hypoglycemia, hypokalemia, and prolonged bleeding; potential interactions with hypoglycemics and cardiac glycosides</td>
</tr>
<tr>
<td>Zacate limón (<em>Cymbopogon</em> or lemongrass)</td>
<td>Lemony “cooling” tea for upset stomach</td>
<td>Safe as a food seasoning, toxic alveolitis reported from inhaling lemongrass oil</td>
</tr>
</tbody>
</table>

APPENDIX C

COURSE OUTLINE AND POWERPOINT

**Course goal:** To broaden the practitioner’s knowledge of the Latino population’s perceived barriers to care, traditional healthcare practices and herbal remedies including their potential interactions.

**Learner objectives. At the end of the course the practitioner/learner will:**

(a) Describe the 6 major key phenomena of the Giger-Davidhizar Transcultural and how they apply to the Latino population.

(b) Gain knowledge of Kleinman’s Transcultural Model and describe 3 questions that the practitioner/learner perceives as being the most important.

(c) List 3 common Latino barriers to healthcare.

(d) List 3 common alternative health practices used by Latinos.

(e) Compare the 3 common traditional illnesses.

(f) List 3 herbal remedies and explain their potential interactions with conventional medications.

(g) Communicate ideas for client management and counseling approaches by describing specific methods of interviewing the Latino client using the Kleinman LEARN model.

**MODULE OUTLINE**

**Part #1: Giger and Davidhizar Transcultural Assessment (GDTA) Model**

How does the model describe the following 6 phenomena when working with the Latino client:

(a) Communication  
(b) Space  
(c) Biological variations  
(d) Environmental control  
(e) Time  
(f) Social organization

**Activity #1.**

List three personal health beliefs that derive from your family upbringing and the interventions practiced by your mother or other care giver when (you) were ill (Neff, n.d.).
Activity #2.

Concept mapping Giger and Davidhizar Transcultural Assessment Model
Using the concept map, explore what you have learned about the GDTA Model. Draw your ideas of how Latinos may interpret (1) communication, (2) space, (3) biological variations, (4) environmental control, (5) time and (6) social organization.

Part #2: Kleinman Illness Explanatory Model

The following questions directed the revised clinic intake form that you will be using in our clinics.

What do you think has caused your problems?
(a) Why do you think it started when it did?
(b) What do you think your sickness does to you?
(c) How severe is your sickness? Will it have a long or short course?
(d) What kind of treatment do you think you should receive?
(e) What are the most important results you hope to receive from this treatment?
(f) What are the chief problems your sickness has caused for you?
(g) What do you fear most about your sickness?

Activity #3.

Briefly describe how Kleinman’s questions differ from the conventional approach of interviewing a client?
What are 3 questions asked in the Kleinman’s Illness Explanatory Model that you consider are the most important? Why do you think they are important when interviewing a Latino client in the clinic setting?
**Part #3: Barriers to health care**

How do Latino perceived barriers affect seeking medical care?
- (a) Poverty
- (b) English competency
- (c) Health literacy
- (d) Education
- (e) Immigration documentation
- (f) Practitioner’s absence of knowledge of alternative health treatments

**Activity #4.**
List 4 major barriers Latinos face when accessing healthcare and explain how they impact the health of the client.

**Part #4: Commonly used alternative healthcare practices**
- (a) Traditional healers (curanderos)
- (b) Herbalists (yerberos)
- (c) Hot and cold theory remedies

**Activity #5.**
What are 3 common alternative healing methods practiced by Latinos described in this course. Differentiate one practice from another.

**Activity #6.**
Review the 3 alternative healthcare practices described above and:
Describe how you would counsel a client who attributed his/her symptoms to the alternative illnesses listed below.
- (a) Susto:
- (b) Mal aire:
- (c) Empacho:

**Part #5: Common herbs and potential side effects** (see herb handout).

**Activity #7.**
List 3 herbal remedies used by Latinos and identify potential side effects.

**Activity #8.**
How can herbal remedy use change the way practitioners prescribe conventional medication to the Latino client?
(b) Trumpet tree (Guarumo/Guácima): Typically taken type II diabetes. May cause hypoglycemia. Caution: May interact with conventional medicine.

(c) Guava: Typically taken for gastrointestinal disorders. No interactions noted when eaten in its fruit form.

(d) Aloe vera: Typically taken for heart disease. May cause hypokalemia/digoxin interaction, toxemia. Cautions should be taken when ingested orally.

(e) Ginzeng: Caution: Interaction with warfarin. May cause bleeding.

Part #6: LEARN Model for cultural competency

Activity #9.
What does the acronym LEARN stand for? How do you think this model can help you elicit information when interviewing a Latino client in the clinic setting?

Activity #10.
Case Study.
Please take a few minutes to read the following short case study and think about how you would counsel and manage the care for this client.

Mr. Sanchez is a 43-year-old Latino male who’s visiting the clinic for the second time to review his laboratory results with the practitioner. He came to the clinic for the first time last week complaining of head ache, thirst and frequent urination. Today, the practitioner explains to the client that his blood glucose level is high indicating that he has type II diabetes. Mister Sanchez is surprised by this because he was diagnosed with diabetes 2 years ago. He states that he had been diagnosed with type II diabetes after a susto that occurred after falling off his bicycle. He said that he had visited his “curandero” and was prescribed concentrated nopal juice three times a day after each meal. He has been consistent with the regimen for the treatment of his disease by “always taking my medication as prescribed by my curandero.”

Additional Information:
Videos:
TED talks “Connecting Modern Medicine to Traditional Healing”: Dr. Cheo Torres at TEDxABQ”
https://www.youtube.com/watch?v=KiqrtsN9xis

Traditional Medicine Is Modern Medicine (Part I)
https://www.youtube.com/watch?v=Jig1Iriaoyk

Traditional Medicine Is Modern Medicine (Part II)
https://www.youtube.com/watch?v=JI7E1nVCax8
Printed sources:
Curandero: A Life of Folk Healing

Healing with Herbs and Rituals: A Mexican Tradition

Infusions of Healing: A Treasury of Mexican-American Herbal Remedies

Border Medicine: A Transcultural History of Mexican American Curanderismo (North American Religions)
http://www.amazon.com/Border-Medicine-Transcultural-Curanderismo-Religions/dp/1479846325
INTEGRATIVE HEALING IN LATINO CULTURE

Michelle Alfe, RN
Student Health Care Project
   N 440
   N 445
   N 447

INTEGRATIVE HEALING IN LATINO CULTURE

Welcome.
Before starting the course, please download and print all of the materials including the PowerPoint presentation.
INTEGRATED HEALING IN LATINO CULTURE
(BACKGROUND)

The National Health Interview Survey has reported that Latinos make up the second largest population to use alternative health practices (AHP) in the United States.

• 24% of the Latino population in the United States use AHP to treat their illnesses (Ho, Nguyen, Liu, Nguyen, & Kilgore, 2015).

The purpose of this PowerPoint is to teach practitioners about common AHP used by the Latino population. The goal is to enable practitioners to gain an understanding of the AHP that Latino cultures use to treat their diseases and illnesses as well as the possible side effects herbal remedies may have when used alone or in conjunction with conventional medications.

INTEGRATIVE HEALING IN LATINO CULTURE

Two transcultural models will be introduced in this module.

• The Giger-Davidhizar Transcultural Assessment Model (GDTA): This model proposes that qualities such as effective care, understanding the meaning of health, having the support of the family, religious and spiritual beliefs, and respecting health care norms are essential concepts to acknowledge in settings where multicultural individuals seek care (Davidhizar et al., 2006).

• The Kleinman Illness Explanatory Model (KIE): This model is an ethnographically-grounded model that is used to explain how a person views and experiences his or her own illnesses (Kleinman, Eisenbert & Good, 1978).
LEARNER OBJECTIVES

At the end of this course practitioners will be able to:

• Describe the 6 major key phenomena of the GDTA and how they apply to the Latino population.
• Become knowledgeable of the KIE questions and be able to analyze 3 questions that the practitioner perceives as being the most important. Why?
• List 3 common Latino barriers to healthcare.

LEARNER OBJECTIVES (CONTINUED)

Practitioners will be able to:

• List 3 common alternative health practices used by Latinos, and explain the difference.
• Articulate 3 common traditional illnesses.
• List 3 herbal remedies and explain their potential interactions with conventional medications.
• Communicate ideas for patient management and counseling approaches by describing specific methods for interviewing the Latino client using the LEARN Model.
PART #1: GIGER AND DAVIDHIZAR
TRANSCULTURAL ASSESSMENT (GDTA) MODEL

The six phenomena noted in the GDTA model are the following:

**Communication.** Communication includes verbal and nonverbal messages learned in a person's country of origin.

- Latinos, for instance, use the formal “you” when speaking to each other for the first time. The formal “you” is used to show respect to the listener. It is therefore important for the practitioner to use respectful tones, and formal verbiage when discussing health needs with the patient (de Paula, Lagana, & Gonzalez-Ramirez, 1996).

---

**Space.** Space is determined to be the personal distance or territorial space between individuals. The component of space is important to understand when working with Latinos.

- As a culture, Latinos are very modest and value privacy. Latinos frequently avoid eye contact with authority figures; this could be perceived as indifference to the untrained practitioner. The space between the patient and the practitioner may be an uncomfortable experience for Latinos.

- Therapeutic touch is often part of the traditional healing practices of Latinos (de Paula et al., 1996).
PART #1: GIGER AND DAVIDHIZAR
TRANSCULTURAL ASSESSMENT (GDTA) MODEL

Social organizations. Social organizations as defined in the GDTA model are the behaviors learned in the family and the environment. The process is often called enculturation (Davidhizar et al., 2006).

- Latinos are influenced by privacy needs, health issues are kept within the family. Traditionally, the family unit is headed by the father or the oldest male in the household (de Paula et al., 1996). They are the ultimate decision makers. Mothers are caretakers of the family. It is important for the practitioner to assess who is responsible for addressing the healthcare needs of the family (Davidhizar et al., 2006).

PART #1: GIGER AND DAVIDHIZAR
TRANSCULTURAL ASSESSMENT (GDTA) MODEL

Time. Time is the perception of the past, present or future.

- Latinos believe that time is relative to a situation. Latinos will arrive late to appointments due to their cultural interpretation of time. Practitioner’s awareness of this cultural interpretation of time becomes important when attempting to care for the Latino population. Thus, practitioners must allow for additional time when scheduling appointments.
PART #1: GIGER AND DAVIDHIZAR
TRANSCULTURAL ASSESSMENT (GDTA) MODEL

Environmental Control (EC). EC refers to a person’s interpretation of the amount of control they may have in a given situation.

- Latinos often believed that an illness is caused by fate or the will of God. For example, within the Latino culture there is a strong mind-body connection. Worry (internal), may cause a physical manifestation of symptoms which are believed to be caused by a hex (external) (de Paula et al., 1996). Practitioners should be sensitive to these beliefs and integrate them into their treatment plan. Traditionally, the whole family is involved in the treatment and recovery of the Latino patient.

PART #1: GIGER AND DAVIDHIZAR
TRANSCULTURAL ASSESSMENT (GDTA) MODEL

Biological variations are the differences in biology and development that are attributed to racial groups. Latinos, for example, are at risk for hypertension, type 2 diabetes, and obesity.

- Developmental differences occur within the family unit in the manner in which male and female children are treated. Females are expected to care for the males in the family. Females develop high levels of independence where as males are not expected to cook or clean for themselves. There is an acceptance of excessive alcohol consumption, smoking and drug use among lower socioeconomic Latinos. Latinos are at higher risk for developing hyperlipidemia, obesity, type 2 diabetes, hypertension, and heart disease (Albarran., 2011).
PART #1: GIGER AND DAVIDHIZAR
TRANSCULTURAL ASSESSMENT (GDTA) MODEL

Activity #1:

- List three personal health beliefs that derive from your family upbringing and the interventions practiced by your mother or other care giver when (you) were ill (Neff, n.d.).
PART #1: GIGER AND DAVIDHIZAR TRANSCULTURAL ASSESSMENT (GDTA) MODEL

Activity #2:
- Concept mapping Giger and Davidhizar Transcultural Assessment Model
- Using the concept map on the next slide, explore what you have learned about the GDTA Model. Draw your ideas of how Latinos may interpret (1) communication, (2) space, (3) biological variations, (4) environmental control, (5) time, and (6) social organization.
MIND MAPPING

Please use this page for Activity #2 if needed.

PART #1: WHAT DID YOU LEARN?

We have learned that culturally unique individuals should be assessed according to his/her:

- Biological differences
- Space and time perceptions
- Social associations
- Environmental controls (Davidhizar et al., 2006)
PART #2: KLEINMAN ILLNESS EXPLANATORY MODEL (KIE)

- The KIE model provides the framework for healthcare practitioner to explore and understand a patient's perceptions regarding their illness. A patient's perceptions are derived from their own “social reality” which is based upon their culture and disease process (Kleinman, Eisenberg & Good, 1978)

PART #2: KLEINMAN ILLNESS EXPLANATORY MODEL (KIE)

Kleinman's questions are:
- What do you call the problem?
- What do you think started the problem?
- Why do you think it started when it did?
- What do you think your sickness does to you?
- How severe is your sickness? Will it have a long or short course?
- What kind of treatment do you think you should receive?
- What are the chief problems your sickness has caused for you?
- What do you fear most about your sickness?
PART #2: KLEINMAN ILLNESS EXPLANATORY MODEL (KIE)

Activity #3:
- Briefly describe how Kleinman’s questions differ from the conventional approach of interviewing a client.
- What are 3 questions asked in the Kleinman’s Illness Explanatory Model that you consider are the most important? Why do you think they are important when interviewing a Latino client in the clinic setting?

Please use this page for Activity #3.
PART #3: BARRIERS TO HEALTH CARE

- The growth of the population has created a gap in the manner in which Latino health care needs are being addressed. These gaps are the result of disparities experienced by Latinos such as higher rates of individuals living without U.S. documentation, inadequate housing, inequalities in education and lack of knowledge of the English language (Centers for Disease Control [CDC], 2013). In a report published in 2013 by the U.S. Census reported that Latinos are the third largest population living in poverty the U.S. (Macartney et al., 2013).

PART #3: BARRIERS TO HEALTH CARE

- Latinos have higher rates of obesity, diabetes, hyperlipidemia and hypertension, cirrhosis of the liver, homicide and AIDS, than other ethnic groups. Diabetes is the greatest health problem Latinos face in the U.S.

- Language differences, lack of translators in the clinic settings, and the absence of alternative health treatments which are familiar to Latinos create barriers to access healthcare in conventional clinic settings.
PART #3: BARRIERS TO HEALTH CARE

- Remember one important barrier to healthcare is the lack of knowledge by conventionally-trained healthcare practitioners about the use of bicultural and religious healing practices has led Latinos to mistrust the Western medical system. Thus, Latinos are driven to seek care in more familiar and comfortable alternative healthcare settings, such as settings in which curanderos can be found (Vissman et al., 2010).

PART #3: WHAT DID YOU LEARN?

We have learned that disparities (barriers) experienced by Latinos are:
- higher rates of individuals living without U.S. documentation,
- inadequate housing
- inequalities in education
- Language difficulties
- Latinos seek help from traditional healers because of family traditions, the lack of money to seek conventional help and the fear of deportation (Andrews, Ybarra & Matthews, 2013; Juckett, 2013).
PART #3: BARRIERS TO HEALTH CARE

Activity #4:

• List 4 major barriers Latinos face when accessing healthcare and explain how they might impact the health of the client.

PART #3: BARRIERS TO HEALTH CARE

Please use this page for activity #4 if needed.
PART #4: COMMONLY USED ALTERNATIVE HEALTHCARE PRACTICES

**Curanderos.** A curandero is a person who practices curanderismo. Curanderismo is the practice of using psychic or supernatural influences, herbs, spiritual and religious healing in order to help people overcome life’s events or health conditions (Salazar & Levin, 2013). Curanderos come from either a family with a tradition of curanderismo or thought to have received the gift of healing (Neff, n.d.). A patient seeking medical care may go to either a conventional doctor or a curandero depending upon the type of illness the patient possesses.

---

**Herbalists (Yerberos).** The use of herbal remedies is a common practice among Latinos (Amirehsani & Wallace, 2013; Vissman et al., 2010). Yerberos (herbalists) are folk healers who use herbal remedies to treat and cure diseases.

- Herbal and home remedies are the most often used forms of treatment among individuals who are not able to access conventional care.
- Herbal supplements are widely used among Latino patients despite their use of prescription medications.
PART #4: COMMONLY USED ALTERNATIVE HEALTHCARE PRACTICES

Hot and Cold Illness Theory. Many individuals in the Latino population believe in the hot and cold illnesses Theory. It is believed that there are physiologic imbalances that increase the risk of developing a hot or cold illness. A curandero restores that balance by treating the hot or cold illness.

- The theory holds that health depends on the correct distribution of the body’s four humors: blood, phlegm, yellow bile and black bile. These four humors have the physical properties of being hot, cold, moist (wet), or dry. An imbalance in one of the humors causes illness (Ortiz et al., 2007).

PART #4: COMMON ILLNESSES REQUIRING TREATMENT FROM A CURANDERO

Mal de ojo: Evil eye. Mal de ojo is a folk illness affecting both adults and children, with infants being the most vulnerable victims of this condition. This supernatural belief holds that admiring a baby or a child leads to bad luck for the child.

- Treatment and prevention varies according to the region of Latin America the individual is from. For example, in Mexico it is often customary to touch the child while admiring him or her in order to prevent the hex from occurring. Another common cure to circumvent the hex of the mal de ojo, is to pass a raw egg over the child or the person to absorb the negative energy (Medical Spanish Online [MSO], 2016).
**PART #4: COMMON ILLNESSES REQUIRING TREATMENT FROM A CURANDERO**

*Susto: Soul loss or strong fright.* Susto is described as an ailment caused from experiencing a frightful event such as a bad fall or a car accident. A *susto* is treated by a *curandero*. Symptoms of *susto* as described by clients correlate with symptoms associated with hypertension, diabetes, anxiety or depression. These symptoms can range from difficulty sleeping, knots in one’s stomach, deep sadness, listlessness, or as serious as heart disease (Wassertheil-Smoller et al., 2014).

- When an individual is inflicted by what might be considered sorcery-related-illnesses, for example, a *susto* (soul loss or strong fright) or *empacho* (abdominal pain), a traditional healer is preferred over a biomedical practitioner (Andrews et al., 2013).

---

**PART #4: COMMON ILLNESSES REQUIRING TREATMENT FROM A CURANDERO**

*Empacho: Gastrointestinal issues.* Latinos believe that when someone suffers from gastrointestinal related issues, such as indigestion, constipation, diarrhea, vomiting or lack of appetite, they may be suffering from *empacho*. *Empacho* is related to having undigested food stuck somewhere in the digestive tract.

- Cures for *empacho* include drinking teas, rolling an egg on the stomach or massaging the stomach area (MSO, 2016).
PART #4: COMMON ILLNESSES REQUIRING TREATMENT FROM A CURANDERO

Mal aire: Bad air. Mal Aire, is negative or “evil” air that can either pass a person or enter a person. A temperature change in the air may cause problems such as chest pain, pneumonia, and difficulty breathing. Other symptoms include dizziness, earaches, fever, cramps, and facial twitching.

- Treatment of these illnesses differs between children and adults. Children most commonly experience earaches when they catch Mal Aire. The treatment for this condition is blowing smoke into the child’s ear. This will cure the Mal Aire.
- For adults, however, muscle spasms are the most common symptom of mal aire. The method of treatment for this condition is cupping.

PART #4: COMMONLY USED ALTERNATIVE HEALTHCARE PRACTICES

Activity #5:
- What are 3 common alternative healing methods practiced by Latinos described in this course. Differentiate one practice from another.

Activity #6:
- Review the alternative health illnesses mentioned above, and describe how you would counsel a patient who attributed his/her symptoms to the alternative illnesses listed below:
  (b) Susto:
  (c) Mal aire:
  (d) Empacho:
PART #4: COMMONLY USED ALTERNATIVE HEALTHCARE PRACTICES

Please use the following 2 pages for your answers.
PART #4: WHAT DID YOU LEARN?

We have learned that...

- 3 common Latino health practices include the use of:
  - Curanderos
  - Yerberos
  - Hot and Cold Illness Theory.
- 4 common illnesses requiring the use of a curandero are:
  1. Mal de Ojo
  2. Empacho
  3. Susto
  4. Mal Aire

PART #5: COMMON HERBS AND POTENTIAL SIDE EFFECTS (SEE HERB HANDBOOK)

- It is common practice among some Latinos to use alternative remedies in conjunction with conventional therapies. Thus, it is imperative that practitioners have knowledge of alternative remedies in order to begin the discussion with their patients about their use of alternative remedies such as herbal use when ingested in conjunction with conventional medicine (Favazza Titus, 2014; Juckett, 2013; Ransford et al., 2010; Vissman et al., 2011).
- Multiple factors contribute to the increased use of AHP. Among them are the wish for good health and wellness, the prevention of disease, increasing costs of conventional medicine, and the belief that traditional remedies are more effective and safer than conventionally prescribed drugs (Tachjian, Viqar & Arshad, 2010).
PART #5: COMMON HERBS AND POTENTIAL SIDE EFFECTS
(SEE HERB HANDOUT)

5 common herbs used by Latinos are:

• Prickly pear cactus (*nopal*): Typically taken for type 2 diabetes. May cause hypoglycemia. Caution: May interact with conventional medicine.

• Trumpet tree (*guarumo/guáycima*): Typically taken for diarrhea, dysentery, and type 2 diabetes. May cause hypoglycemia. Caution: May interact with conventional medicine.

5 common herbs (continued).

• Guava: Typically taken for gastrointestinal disorders. No interactions noted when eaten in its fruit form.

• Aloe vera: Typically taken for heart disease. May cause hypokalemia/digoxin interaction, toxemia. Cautions should be taken when ingested orally.

• Ginseng: Caution: Interaction with warfarin. May cause bleeding.
PRICKLY PEAR CONCENTRATE & GUÁCIMA

MULUMBA PLANT SUMMARY (GUÁCIMA)

Main Preparation Method: decoction
Main Action(s): anti-inflammatory, antifungal, antioxidant, hypotensive (lowers blood pressure)
Main Uses:
1. As a topical hair remedy for hair loss and baldness
2. As a digestive aid for stomatitis, diarrhea, dysentery, and stomach inflammation
3. As an external skin remedy for wounds, rashes, skin parasites, dermatitis, fungal infections, and leprosy
4. For viral and bacterial infections (including syphilis, gonorrhea, upper respiratory infections, and kidney infections)
5. As an astringent to stop bleeding

Properties/Effects Documented by Research:
- ACE-inhibitor (lowers blood pressure), anti-inflammatory, antifungal, antioxidant, antiviral
- Antimicrobial, antineoplastic, antimycotic, saponins, flavonoids, terpenoids (lowers blood pressure, strengthens the heart, hypoglycemic, hypotensive (lowers blood pressure), muscle relaxant, uterine stimulant)
- Other Properties/Effects Documented by Traditional Uses:
- Anti-inflammatory, antihemorrhagic (reduces bleeding), cough suppressant, antihemorrhagic, astringent, blood cleanser, cough suppressant, demulcent, diaphoretic (promotes sweating), digestive stimulant, emollient, diuretic (reduces fever), hepatoprotective (liver protection), hepatoprotective (lowers blood pressure, strengthens the liver), wound healer

Cautions: Use with caution and under doctor supervision if you have a heart condition.

GUAVA/ALOEVERA/GINSENG

Ginseng - Panax Quinquefolia. Ginseng helps regulate blood glucose lowering blood sugar and reduces the risk of developing colds. Ginseng means “essence of man” and it’s used to increase energy and sexual stamina.
Activity #7:
• List 3 herbal remedies used by Latinos and identify potential side effects.

Activity #8:
• How can herbal remedy use change the way practitioners prescribe conventional medication to the Latino client?
  • You may use your Mexican Herbs handout to answer these questions.

PART #5: COMMON HERBS AND POTENTIAL SIDE EFFECTS (SEE HERB HANDOUT)

Please use the following 2 pages for your answers.
PART #5: COMMON HERBS AND POTENTIAL SIDE EFFECTS (SEE HERB HANDOUT)

PART #6: LEARN MODEL FOR CULTURAL COMPETENCY

- The LEARN Model acronym stands for listen, elicit, explain, acknowledge, recommend, respect and negotiate (Berlin & Fowkes, 1983). Each letter of the acronym outlines the activities a person should engage in when interviewing a client, such as during a health history interview. The goal when using these techniques is to allow a practitioner to better understand the Latino client's health habits and to help the client feel more comfortable and in control of his/her health during the health interview process.
PART #6: LEARN MODEL FOR CULTURAL COMPETENCY

Activity #9:

- What does the acronym LEARN stand for? How do you think this model can help you elicit information when interviewing a Latino client in the clinic setting?

PART #6: LEARN MODEL FOR CULTURAL COMPETENCY

Please use this sheet for your answer #9.
CASE STUDY

Activity #10:

Please take a few minutes to read the following short case study and describe how you would counsel and manage the care for this patient.

Mr. Sanchez is a 43-year-old Latino male who’s visiting the clinic for the second time to review his laboratory results with the practitioner. He came to the clinic for the first time last week complaining of head ache, thirst and frequent urination. Today, the practitioner explains to the client that his blood glucose level is high indicating that he has type 2 diabetes. Mister Sanchez is surprised by this because he was diagnosed with diabetes two years ago. He states that he had been diagnosed with type 2 diabetes after a “susto” that occurred after falling off his bicycle. He said that he had visited his “curandero” and was prescribed concentrated “nopal” juice three times a day after each meal. He has been consistent with the regiment for the treatment of his disease by “always taking my medication as prescribed by my curandero.”

CASE STUDY

Please use this sheet for your answer #10.
LEARNED OBJECTIVES

Practitioner has:

• Described the 6 major key phenomena of the GDTA and how they apply to the Latino population.

• Gained knowledge of KIE Model, and 1) considered what 3 questions were the most important to the practitioner; and 2) why he/she thought they were important when interviewing a Latino client in the clinic setting.

• Listed 3 common Latino barriers to healthcare.

LEARNED OBJECTIVES (CONTINUED)

• Listed 3 common alternative health practices used by Latinos. Compared and contrasted 3 common traditional illnesses.

• Listed 3 herbal remedies and explained their potential interactions with conventional medications.

• Communicated ideas for patient management and counseling approaches by describing specific methods of interviewing the Latino client using the LEARN model.
VIDEOS

Additional Information:
Videos

- TED talks “Connecting Modern Medicine to Traditional Healing”: Dr. Cheo Torres at TEDxABQ”
  https://www.youtube.com/watch?v=K1qrtsN9xis
- Traditional Medicine Is Modern Medicine (Part I)
  https://www.youtube.com/watch?v=jJg1frlviaoyk
- Traditional Medicine Is Modern Medicine (Part II)
  https://www.youtube.com/watch?v=jJ7E1nVCax8

PRINTED SOURCES

Printed sources:
- Curandero: A Life of Folk Healing
- Healing with Herbs and Rituals: A Mexican Tradition
- Infusions of Healing: A Treasury of Mexican-American Herbal Remedies
- Border Medicine: A Transcultural History of Mexican American Curanderismo (North American Religions)
  http://www.amazon.com/Border-Medicine-Transcultural-CuranderismoReligions/dp/1479846325
QUIZ

1. Please match the following items to their correct definition. Place the correct number next to its appropriate letter. You may use your handouts as references.

A. Curandero: __________________________
C. Mal ojo: ____________________________
E. Mal airo: ____________________________
B. Yerbero: ____________________________
D. Empacho: ____________________________

1. Folk healers who use herbal remedies to treat and cure diseases.
2. This supernatural belief holds that admiring a baby or a child leads to bad luck for the child.
3. This is thought to cause respiratory infections, earaches and hexes.
4. Abdominal massage, herbal purgative teas, and an egg passed over the abdomen supposedly “sticks” to the affected area.
5. A person associated with psychic, herbal, spiritual and religious healing.

QUIZ

Please place the correct letter next to the word.

1. Susto: ___
   a. Abdominal massage and herbal purgative teas; an egg passed over the abdomen supposedly “sticks” to the affected area.
   b. Ingestion of this resin (a purgative) may cause diarrhea, hypoglycemia, hypokalemia, and prolonged bleeding; potential interactions with hypoglycemics and cardiac glycosides (digoxin).
   c. An ailment caused from experiencing a frightful event such as a bad fall or a car accident.
   d. This supernatural belief holds that admiring a baby or a child leads to bad luck for the child.
   e. Tea used for asthma, bone fractures, bruises, diarrhea, fever, genitalia infections and diabetes.
QUIZ

2. Nopal:
   a. This supernatural belief holds that admiring a baby or a child leads to bad luck for the child.
   b. Abdominal massage and herbal purgative teas; an egg passed over the abdomen supposedly “sticks” to the affected area.
   c. Ingestion of this resin (a purgative) may cause diarrhea, hypoglycemia, hypokalemia, and prolonged bleeding; potential interactions with hypoglycemics and cardiac glycosides (digoxin).
   d. Tea used for asthma, bone fractures, bruises, diarrhea, fever, genitalia infections and diabetes.
   e. Eaten as part of diet; has anti-diabetic, anti-inflammatory, and laxative properties; also used as hangover treatment and for hyperlipidemia.

QUIZ

3. Guacima:
   a. This supernatural belief holds that admiring a baby or a child leads to bad luck for the child.
   b. Abdominal massage and herbal purgative teas; an egg passed over the abdomen supposedly “sticks” to the affected area.
   c. Ingestion of this resin (a purgative) may cause diarrhea, hypoglycemia, hypokalemia, and prolonged bleeding; potential interactions with hypoglycemics and cardiac glycosides (digoxin).
   d. Tea used for asthma, bone fractures, bruises, diarrhea, fever, genitalia infections and diabetes.
   e. High doses may cause anticoagulant effects and excess gas or bloating.
QUIZ

4. Sabila:__
   a. This supernatural belief holds that admiring a baby or a child leads to bad luck for the child.
   b. Abdominal massage and herbal purgative teas; an egg passed over the abdomen supposedly "sticks" to the affected area.
   c. Ingestion of this resin (a purgative) may cause diarrhea, hypoglycemia, hypokalemia, and prolonged bleeding; potential interactions with hypoglycemics and cardiac glycosides (digoxin).
   d. Tea used for asthma, bone fractures, bruises, diarrhea, fever, genitalia infections and diabetes.
   e. High doses may cause anticoagulant effects and excess gas or bloating.

QUIZ

5. Jengibre:__
   a. This supernatural belief holds that admiring a baby or a child leads to bad luck for the child.
   b. Abdominal massage and herbal purgative teas; an egg passed over the abdomen supposedly "sticks" to the affected area.
   c. Ingestion of this resin (a purgative) may cause diarrhea, hypoglycemia, hypokalemia, and prolonged bleeding; potential interactions with hypoglycemics and cardiac glycosides (digoxin).
   d. Tea used for asthma, bone fractures, bruises, diarrhea, fever, genitalia infections and diabetes.
   e. High doses may cause anticoagulant effects and excess gas or bloating.
COURSE ASSESSMENT SURVEY

Please mark an X next to your answer.

1. I found the education model presentation engaging.
   a. Strongly agree
   b. Agree
   c. Neutral
   d. Disagree
   e. Strongly disagree

2. I learned new information about the Latino population and their barriers to healthcare.
   a. Strongly agree
   b. Agree
   c. Neutral
   d. Disagree
   e. Strongly disagree

3. I can identify 3 commonly used alternative health practices and herbal remedies utilized by Latinos.
   a. Strongly agree
   b. Agree
   c. Neutral
   d. Disagree
   e. Strongly disagree

4. I learned new strategies for becoming a more culturally diverse practitioner when interviewing Latinos.
   a. Strongly agree
   b. Agree
   c. Neutral
   d. Disagree
   e. Strongly disagree
COURSE ASSESSMENT SURVEY

5. The new knowledge I learned during this course will produce a positive impact on the way I practice in the clinic setting when I examine Latino patients.
   a. Strongly agree
   b. Agree
   c. Neutral
   d. Disagree
   e. Strongly disagree

YOU ARE FINISHED! THANK YOU.
APPENDIX D

QUIZ

Please match the following items to their correct definition. Place the correct number next to it’s appropriate letter. You may use your handouts as references.

A. Curandero:___________________
B. Yerbero:_____________________
C. Mal ojo: _____________________
D. Empacho:____________________
E. Mal aire:_____________________

1. Folk healers who use herbal remedies to treat and cure diseases.
2. This supernatural belief holds that admiring a baby or a child leads to bad luck for the child.
3. This is thought to cause respiratory infections, earaches and hexes.
4. Abdominal massage, herbal purgative teas, and an egg passed over the abdomen supposedly “sticks” to the affected area.
5. A person associated with psychic, herbal, spiritual and religious healing.

Please place the correct letter next to the word.

1. **Susto:**
   a. Abdominal massage and herbal purgative teas; an egg passed over the abdomen supposedly “sticks” to the affected area.
   b. Ingestion of this resin (a purgative) may cause diarrhea, hypoglycemia, hypokalemia, and prolonged bleeding; potential interactions with hypoglycemics and cardiac glycosides (digoxin).
   c. An ailment caused from experiencing a frightful event such as a bad fall or a car accident.
   d. This supernatural belief holds that admiring a baby or a child leads to bad luck for the child.
   e. Tea used for asthma, bone fractures, bruises, diarrhea, fever, genitalia infections and diabetes.

2. **Nopal:**
   a. This supernatural belief holds that admiring a baby or a child leads to bad luck for the child.
   b. Abdominal massage and herbal purgative teas; an egg passed over the abdomen supposedly “sticks” to the affected area.
c. Ingestion of this resin (a purgative) may cause diarrhea, hypoglycemia, hypokalemia, and prolonged bleeding; potential interactions with hypoglycemics and cardiac glycosides (digoxin).
d. Tea used for asthma, bone fractures, bruises, diarrhea, fever, genitalia infections and diabetes.
e. Eaten as part of diet; has anti-diabetic, anti-inflammatory, and laxative properties; also used as hangover treatment and for hyperlipidemia.

3. **Guarumo:**
   a. This supernatural belief holds that admiring a baby or a child leads to bad luck for the child.
   b. Abdominal massage and herbal purgative teas; an egg passed over the abdomen supposedly “sticks” to the affected area.
   c. Ingestion of this resin (a purgative) may cause diarrhea, hypoglycemia, hypokalemia, and prolonged bleeding; potential interactions with hypoglycemics and cardiac glycosides (digoxin).
   d. Tea used for asthma, bone fractures, bruises, diarrhea, fever, genitalia infections and diabetes.
   e. High doses may cause anticoagulant effects and excess gas or bloating.

4. **Sabila:**
   a. This supernatural belief holds that admiring a baby or a child leads to bad luck for the child.
   b. Abdominal massage and herbal purgative teas; an egg passed over the abdomen supposedly “sticks” to the affected area.
   c. Ingestion of this resin (a purgative) may cause diarrhea, hypoglycemia, hypokalemia, and prolonged bleeding; potential interactions with hypoglycemics and cardiac glycosides (digoxin).
   d. Tea used for asthma, bone fractures, bruises, diarrhea, fever, genitalia infections and diabetes.
   e. High doses may cause anticoagulant effects and excess gas or bloating.

5. **Jengibre:**
   a. This supernatural belief holds that admiring a baby or a child leads to bad luck for the child.
   b. Abdominal massage and herbal purgative teas; an egg passed over the abdomen supposedly “sticks” to the affected area.
   c. Ingestion of this resin (a purgative) may cause diarrhea, hypoglycemia, hypokalemia, and prolonged bleeding; potential interactions with hypoglycemics and cardiac glycosides (digoxin).
   d. Tea used for asthma, bone fractures, bruises, diarrhea, fever, genitalia infections and diabetes.
   e. High doses may cause anticoagulant effects and excess gas or bloating.
APPENDIX E

COURSE CONFIRMATION NOTICE

Dear Michelle Alfe,

[Redacted] has completed

'Orientation Completion Verification'

(http://community.csusm.edu/mod/quiz/view.php?id=19827)

in course 'CSUSM SON Student Healthcare Project Practitioner Volunteer Orientation'

You can review this attempt at

APPENDIX F

COURSE ASSESSMENT SURVEY

1. I found the education module presentation engaging.
   a. Strongly agree
   b. Agree
   c. Neutral
   d. Disagree
   e. Strongly disagree

2. I learned new information about the Latino population and their barriers to healthcare.
   a. Strongly agree
   b. Agree
   c. Neutral
   d. Disagree
   e. Strongly disagree

3. I can identify 3 commonly used AHP.
   a. Strongly agree
   b. Agree
   c. Neutral
   d. Disagree
   e. Strongly disagree

4. I learned new strategies for becoming a more culturally diverse practitioner when interviewing Latinos.
   a. Strongly agree
   b. Agree
   c. Neutral
   d. Disagree
   e. Strongly disagree

5. The new knowledge I learned during this course will produce a positive impact on the way I practice in the clinic setting when I examine Latino clients.
   a. Strongly agree
   b. Agree
   c. Neutral
   d. Disagree
   e. Strongly disagree
APPENDIX G

NEW PATIENT INTAKE FORM

NEW PATIENT FORM

Legal Name: ____________________________________________

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
</table>

Sex: [ ] M  [ ] F  [ ] FTM  [ ] MTF

Date of Birth: ____________________________ Social Security Number: ____________________________

Email Address: ____________________________________________

Home Phone: ____________________________ Cell Phone: ____________________________

Please approve the following: [ ] Send mobile text notifications  [ ] Send voice notifications

Preferred method of communication: [ ] Email  [ ] Mail  [ ] Mobile Phone

Address: ____________________________________________

Street (if homeless, location close to where you reside) ____________________________________________

Apt# ____________________________________________

City State Zip

DEMOGRAPHIC

Ethnicity: [ ] Hispanic  [ ] Non-Hispanic

Race: [ ] Black  [ ] White  [ ] Asian  [ ] Hispanic  [ ] Other: ____________________________

Preferred Language: ____________________________________________

EMERGENCY CONTACT

Emergency Contact: ____________________________________________ Phone: ____________________________

Relationship to you: ____________________________________________

[ ] Address same as above

Address: ____________________________________________

Street (or location close to where you reside) ____________________________________________

Apt# ____________________________________________

City State Zip

Mother’s maiden name (last, first): ____________________________________________

INSURANCE: Include Group or ID number

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<table>
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</thead>
<tbody>
<tr>
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<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

How did you hear about us?

__________________________________________

Main reason for today’s visit: ____________________________________________
Please place a checkmark next to any symptoms you are CURRENTLY having:

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<th>■ Night Sweats</th>
<th>■ Unexplained Weight Loss or Gain</th>
<th>■ Fatigue</th>
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<td>■ Rashes</td>
<td>■ Cancers</td>
<td>■ Change in Hair, Skin or Nails</td>
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<td>■ Glasses</td>
<td>■ Contact Lenses</td>
<td>■ Pain Discharge</td>
<td>■ Changing Vision</td>
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<td>■ Sore Throat</td>
<td>■ Change in Hearing</td>
<td>■ Persistent Runny Nose</td>
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<td></td>
<td>■ Change in Voice</td>
<td>■ Sinus Trouble</td>
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<td>■ Chest Pain</td>
<td>■ Swelling in Ankles</td>
<td>■ Palpitations</td>
<td>■ Heart Murmur</td>
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<td>LUNGS</td>
<td>■ Cough</td>
<td>■ Short of Breath</td>
<td>■ Wheeze</td>
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<td>GASTRO-INTESTINAL</td>
<td>■ Nausea</td>
<td>■ Ulcers</td>
<td>■ Blood in Stool</td>
<td>■ Change in Bowel Movements</td>
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<td>■ Heartburn</td>
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<td>■ Painful or Frequent Uretinasion</td>
<td>■ Incontinence</td>
<td>■ Sexually Transmitted Disease</td>
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<tr>
<td>ORTHOPEDIC</td>
<td>■ Painful Joints</td>
<td>■ Muscle Weakness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NEURO-Psych</td>
<td>■ Seizures</td>
<td>■ Tremor</td>
<td>■ Paralysis</td>
<td>■ Frequent Headaches</td>
</tr>
<tr>
<td>ALLERGY</td>
<td>■ Hives</td>
<td>■ Hay Fever</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CIRCULATION</td>
<td>■ Leg Swelling</td>
<td>■ Blood Clots</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

HOSPITALIZATIONS/ILLNESSES
Please list any major events, surgeries, or hospitalizations (including this year):

<table>
<thead>
<tr>
<th>Year</th>
<th>Year</th>
</tr>
</thead>
</table>

ALLERGIES
Are you allergic to any medications, food, plants or animals? ■ No ■ Yes – Please list them and the reaction they cause:

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>
CHRONIC MEDICAL PROBLEMS

Please indicate each of your chronic medical problems by marking the appropriate box below:

<table>
<thead>
<tr>
<th>☐ High Blood Pressure</th>
<th>☐ Asthma</th>
<th>☐ Hearing Problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Heart Disease</td>
<td>☐ Emphysema/Lung Disease</td>
<td></td>
</tr>
<tr>
<td>☐ Diabetes</td>
<td>☐ Kidney Problems</td>
<td></td>
</tr>
<tr>
<td>☐ Stroke</td>
<td>☐ Anemia</td>
<td>Other:</td>
</tr>
<tr>
<td>☐ Cancer</td>
<td>☐ High Cholesterol</td>
<td></td>
</tr>
<tr>
<td>☐ Thyroid</td>
<td>☐ Eye Problems</td>
<td></td>
</tr>
<tr>
<td>☐ Mental Health (Depression, Anxiety)</td>
<td>☐ HIV/AIDS</td>
<td></td>
</tr>
<tr>
<td>☐ Skin Problems</td>
<td>☐ Hepatitis/Liver Disease</td>
<td></td>
</tr>
</tbody>
</table>

Are you under the care of any other doctor for any medical problems?
☐ No  ☐ Yes – Doctors Name and for what problem?

FAMILY HISTORY

If any blood relative has suffered from the following conditions, check the box and indicate which relative:

<table>
<thead>
<tr>
<th>☐ Heart Disease</th>
<th>☐ Stroke</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Diabetes</td>
<td>☐ Cancer</td>
</tr>
<tr>
<td>☐ Thyroid</td>
<td>☐ Asthma</td>
</tr>
<tr>
<td>☐ Emphysema/Lung Disease</td>
<td>☐ Eye Problems</td>
</tr>
<tr>
<td>☐ High Cholesterol</td>
<td>☐ Mental Health (Depression/Anxiety)</td>
</tr>
<tr>
<td>☐ High Blood Pressure</td>
<td>☐ Substance Abuse</td>
</tr>
<tr>
<td>☐ Other</td>
<td>☐ Other</td>
</tr>
</tbody>
</table>

SOCIAL HISTORY

Marital Status: ☐ Single  ☐ Married  ☐ Divorced  ☐ Widowed  ☐ Domestic Partner/Same Sex Marriage  ☐ Other
Number of Children: ______________________

CULTURAL ASSESSMENT

What do you think caused your illness?
What do you think the illness does to your health?
What is the most important thing we can do for you here at this time?
Do you think your illness is physical?
What other health care practitioners are you seeing?
What have other practitioners told you about your illness?
What other spiritual or herbal treatments have you tried for your illnesses?

Women only: Date of first day of last menstrual period: ___________ Contraception Type: ___________ Number of: ___________ Pregnancies: ___________ Live Births: ___________ Miscarriages: ___________ Abortions: ___________

Date of last: PAP ___________ (Abnormal? ___________) Mammogram ___________ (Abnormal? ___________)
Osteoporosis Scan: ___________ Flushing/Menopausal Symptoms: ☐ No  ☐ Yes

Men only: Date of last Prostate Exam: ___________ Date of last Prostate Blood Test: ___________
Employment Status: ☐ Full-Time ☐ Part-Time ☐ Retired ☐ Unemployed ☐ Other: _________

Occupation: ____________________________

Student: ☐ Full-Time ☐ Part-Time

Income: ____________________________ per ☐ Week ☐ Month ☐ Year

Exercise: ____________________________ type. Times a week ____________________________ minutes/session

Tobacco: ____________________________ a day. Number of years: ____________________________ Year quit: ____________________________

Alcohol: ____________________________ drinks per week

Street Drugs: ____________________________

During the past month, have you often been bothered by feeling down, depressed, or hopeless? ☐ No ☐ Yes

During the past month, have you often been bothered by little interest or pleasure in doing things? ☐ No ☐ Yes

Have you been a victim of abuse? ☐ No ☐ Yes

Are you sexually active? ☐ No ☐ Yes Do you use birth control and/or condoms? ☐ No ☐ Yes

Would you like information regarding contraception and STD prevention? ☐ No ☐ Yes

NUTRITION HISTORY

Special Diet (diabetic, low fat): ____________________________

Water: ____________________________ cups a day

Caffeine: ____________________________ cups a day. Type: ____________________________

CURRENT MEDICATIONS

Please list all medications, including non-prescription medications, vitamins, and herbal supplements that you are now taking, the dose (in milligrams or micrograms), and how often.

<table>
<thead>
<tr>
<th>Name</th>
<th>Dosage</th>
<th>Start Date</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

ADVANCED DIRECTIVE

Do you have a Medical Advance Directive? ☐ No ☐ Yes - have you provided us with a copy?

Would you like information regarding Medical Advance Directives? ☐ No ☐ Yes

IMMUNIZATIONS

<table>
<thead>
<tr>
<th>TB Test:</th>
<th>Tetanus Shot:</th>
<th>Hep A:</th>
<th>MMR:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flu Shot:</td>
<td>Pneumonia Vaccine:</td>
<td>Hep B:</td>
<td>HPV:</td>
</tr>
<tr>
<td>DTap:</td>
<td>Varicella</td>
<td>Shingles:</td>
<td>Meningitis:</td>
</tr>
</tbody>
</table>

Would you like information regarding immunizations? ☐ No ☐ Yes

TB SCREEN

Have you had a persistent cough or night sweats? ☐ No ☐ Yes

Have you had recent contact with someone with TB? ☐ No ☐ Yes

Have you traveled recently to a foreign country? ☐ No ☐ Yes
Have you ever been diagnosed with HIV or have you ever had an organ transplant?

☐ No  ☐ Yes

Are you taking immunosuppressive medications?

☐ No  ☐ Yes

Are you an IV drug user?

☐ No  ☐ Yes

Do you live at or work at a prison, nursing home, hospital or homeless shelter?

☐ No  ☐ Yes

Have you been in the hospital overnight in the last 30 days?

☐ No  ☐ Yes

Patient/Legal Guardian Signature ___________________________ Date ___________________________

Patient/Legal Guardian PRINT ___________________________ Date ___________________________

Clinician Signature ___________________________ Date ___________________________

**STAFF USE ONLY**

Update patient's Rx list in Practice Fusion. Notify provider of any changes

<table>
<thead>
<tr>
<th>Temperature</th>
<th>Blood Pressure</th>
<th>Heart Rate</th>
<th>Respiratory Rate</th>
<th>O2 Sat</th>
<th>Pam</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Date of Last Visit:________________________

Date of last administered PAM tool? ______________ (if none, give PAM tool to patient)

[Provider] Next Appointment? ☐ ☐ week(s) ☐ month(s)

Scheduled follow up appointment date __________________________

Extra Notes:
APPENDIX H

PATIENT SATISFACTION SURVEY

Please rate the following:

Your Care from the Nurses
1) During your clinical visit, how often did the practitioner treat you with courtesy and respect?
   □ Never □ Rarely □ Sometimes □ Usually □ Always

2) During your clinic visit, how often did the practitioner explain things in a way you could understand?
   □ Never □ Rarely □ Sometimes □ Usually □ Always

Your Care from Practitioner(s)
3) How satisfied are you with the care you received from your practitioner(s)?
   □ Poor □ Fair □ Average □ Good □ Excellent

4) During your clinic visit, how often did the practitioner(s) describe medication(s) in a way you could understand? (For example: what the medication is used for, how and when to take it, and possible side effects)
   □ Never □ Rarely □ Sometimes □ Usually □ Always
   □ I did not need medications this visit

5) How often did your practitioners explain how to obtain any necessary follow-up care in a way you could understand? (For example: future appointments, labs, referrals, imagining)
   □ Never □ Rarely □ Sometimes □ Usually □ Always
   □ I did not need follow-up care this visit

Client Centered Care
6) Was the staff sensitive to your cultural needs?
   □ Never □ Rarely □ Sometimes □ Usually □ Always

Overall Experience
7) Would you recommend this clinic to your friends and family?
   Yes □ No □

Thank you for taking the time to complete this survey.