

**Thank you for taking the time to fill out this short cultural competency questionnaire**

It will help us learn about your views and practices in regards to treating patients from different cultural backgrounds. Your participation will assist in the development and evaluation of a new cultural competency course and is much appreciated. Results may also be published as part of research. If you do return the questionnaire, you are giving consent for use of the information, however it will be kept strictly confidential and any identifying material will be removed. If you have any questions, please contact Dr. Katy Thomas . email : [marshykd@gmail.com](mailto:marshykd@gmail.com)

<i>Please indicate your agreement with each of the following statements:</i>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
<b>1. I understand the term “Culture”</b>	1	2	3	4
<b>2. I am able to describe my culture to a peer who is unfamiliar with me:</b>	1	2	3	4
<b>3. I am able to describe my own beliefs about health and illness to a person from a different background than mine.</b>	1	2	3	4
<b>4. Ethnic and cultural differences between my patients and me rarely get in the way of effective medical care.</b>	1	2	3	4
<b>5. I am very good at dealing with patients from different ethnic and cultural groups.</b>	1	2	3	4
<b>6. I am very sensitive to cultural differences between my patients and myself.</b>	1	2	3	4
<b>7. I find that I can communicate effectively with just about any kind of patient.</b>	1	2	3	4
<b>8. A good doctor can always get around any language barriers between him or her and the patient.</b>	1	2	3	4

<i>Please indicate your agreement with each of the following statements:</i>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
<b>9. Patients' lack of motivation to obtain knowledge is the main reason for their non-adherence to medical therapy.</b>	1	2	3	4
<b>10. Most of my patients want me to tell them how to manage their medical problems.</b>	1	2	3	4
<b>11. In dealing with a patient who is not following diabetes recommendations, adherence can best be achieved by...</b>				
<b>a. Strongly stating the medical complications of diabetes (e.g., blindness, amputation, etc.)</b>	1	2	3	4
<b>b. Explaining that insulin injections may be necessary for those patients who are not controlled on oral medications.</b>	1	2	3	4

<i>Please indicate your level of comfort in performing the following tasks with a patient whose culture may be different from your own</i>	<b>Below Average Comfort Level</b>	<b>Average Comfort Level</b>	<b>Above Average Comfort Level</b>	<b>Excellent Comfort Level</b>
<b>12. Sharing your knowledge about the pathophysiology of illness.</b>	1	2	3	4
<b>13. Explaining the benefits of a recommended treatment</b>	1	2	3	4
<b>14. Addressing patients' fears regarding their illness or its treatment</b>	1	2	3	4
<b>15. Addressing barriers to adherence to therapy.</b>	1	2	3	4
<b>16. Empowering patients to take an active role in their illness treatment.</b>	1	2	3	4

<i>Please indicate how often you perform the following items in your practice</i>	<b>Never</b>	<b>Rarely</b>	<b>Some of the time</b>	<b>Most of the time</b>
Ask patients about...				
<b>17. Their views as to the cause of their illness</b>	1	2	3	4
<b>18 Their views regarding their treatment</b>	1	2	3	4
<b>19. Their use of traditional remedies and herbal medications to treat their illness</b>	1	2	3	4
<b>20. Their economic situation and its influence on their illness and its treatment</b>	1	2	3	4
<b>21. Family/community support and its influence on their illness and treatment</b>	1	2	3	4

**Any Comments**

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## Demographic information

Please indicate the following:

Your name: \_\_\_\_\_

Your age: \_\_\_\_\_

Gender: F/M (circle one)

Name of the clinic where you currently practice: \_\_\_\_\_

Have you completed GP vocational training in New Zealand? Yes/No (circle one)

Have you completed GP vocational training (or equivalent) in another country? Yes/No (circle one)

Were you born in New Zealand? Yes/No (circle one)

Which ethnic group do you belong to?  
New Zealand European  
Maori  
Pacific Island  
Chinese  
Indian  
Other, please state  
\_\_\_\_\_

Please estimate the total number of hours of training you have had in cross-cultural medical issues:

- \_\_\_ less than 1 hour
- \_\_\_ 1-3 hours
- \_\_\_ 4-6 hours
- \_\_\_ 7-10 hours
- \_\_\_ greater than 10 hours

***Thank your for completing this questionnaire!***

## Cultural Competency Questionnaire Scoring System

Total adapted CCAT Score = Sum of all items with reverse coding for items in the non-judgemental subscale

Domain: Cultural Self-awareness

Items: 1, 2, 3, 5, 6, 7

Domain: Being Non-judgmental

Items: 4, 8, 9, 10, 11

Domain: Cultural Empowerment/Medical Knowledge Transmission Skills

Items: 12-16

Domain: Explanatory Model Elicitation

Items: 17-21