A BRIEF CULTURAL COMPETENCY GUIDE FOR HEALTHCARE PROFESSIONALS

Multicultural & multi-ethnic approach



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OBJECTIVES

Ponder on this...

This cultural competency guide is designed to serve as a resource for medical students at the outset of their careers and healthcare professionals at all levels of practice.

As you engage with this guide, we encourage you to reflect on the following aspects of patient care: How can we better train medical students and healthcare providers to communicate effectively with their patients? How can we refine interviewing techniques to minimize patient anxiety and foster trust? And how can we optimize clinical encounters to ensure patients adhere to prescribed treatments, complete necessary labs and imaging, and return for follow-up care? By addressing these questions, this guide aims to promote culturally responsive care and enhance the quality of interactions between providers and patients, ultimately contributing to better health outcomes.

WHAT IS CULTURAL COMPETENCY?

In healthcare, **cultural competency** describes the capacity to provide effective care that respects and welcomes the cultural beliefs, values, and practices of diverse patient populations. Achieving this requires healthcare systems and providers to recognize and value diversity, engage in self-assessment, and adapt services to address the unique needs of various communities. While providers play a vital role in fostering culturally responsive care, healthcare systems must ensure access to resources and structural support to share this responsibility. This ongoing effort at both the organizational and individual levels is essential for delivering equitable, respectful, and effective care to all patients.

What is Cultural Humility and why is it an important framework?

Cultural humility is the ongoing self-reflection and commitment to learning that emphasizes recognizing and addressing personal biases, power imbalances, and systemic inequities in relationships and systems. Unlike cultural competency, which focuses on acquiring knowledge and skills about different cultures, cultural humility prioritizes ongoing growth, listening without assumptions, and fostering equitable, respectful relationships. While cultural competency aims to develop cross-cultural understanding, cultural humility complements it by acknowledging that cultural learning is never complete and centers the lived experiences of individuals and communities. Together, they promote meaningful and inclusive engagement across diverse cultural contexts.

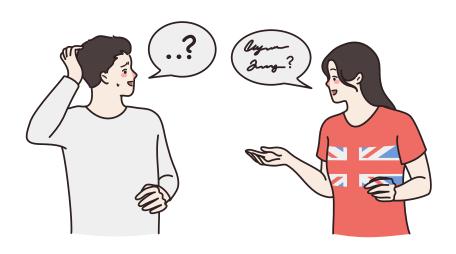
This toolkit uses the theoretical framework described above in order to introduce five key categories of cultural competency considerations in healthcare: communication problems, time and attention constraints, beliefs and biases, education disparity issues, and cultural diversity challenges.

1. COMMUNICATION PROBLEMS

Communication problems related to cultural competence arise when there are misunderstandings or misinterpretations due to differences in language, cultural norms, and communication styles. These issues can include language barriers where patients and providers struggle to understand each other, differing cultural expectations about how information should be conveyed or received, and variations in nonverbal communication cues. Such problems can lead to reduced patient satisfaction, lower adherence to treatment plans, and potentially adverse health outcomes. Effective cultural competence involves addressing these communication challenges by using clear, culturally appropriate language, employing professional interpreters when needed, and being sensitive to the diverse ways in which individuals express themselves and understand information.

For instance, some cultures may expect more direct communication, while others may prioritize indirect or deferential exchanges.

Non-Verbal Communication: Variations in gestures, eye contact, and body language can lead to misinterpretation, creating unintended discomfort or distrust. These challenges can result in reduced patient satisfaction, lower adherence to treatment plans, and potentially adverse health outcomes.



2. TIME AND ATTENTION PROBLEMS

Doctors' time constraints, limited bandwidth, and immediate interruptions can significantly impact cultural competency in healthcare. Due to the fast-paced nature of medical practice and the pressure to manage numerous tasks within limited timeframes, doctors may struggle to fully engage with each patient's cultural needs. This can lead to superficial interactions where cultural nuances are overlooked or inadequately addressed. Immediate interruptions, such as emergency calls or administrative tasks, can further disrupt the continuity of care and hinder effective communication. To mitigate these issues, healthcare systems can implement strategies like scheduled time for cultural competency training, the use of support staff or interpreters to handle specific tasks, and integrated systems for managing patient information that allow doctors to better prepare for and address cultural considerations during consultations. Ensuring that healthcare providers have adequate resources and time to address cultural factors is crucial for delivering comprehensive and respectful

Impact of Time Constraints:

The fast-paced nature of medical practice and limited time per patient can hinder doctors' ability to address cultural nuances effectively.

Superficial interactions often result when cultural needs are not adequately prioritized or understood.

Bandwidth Challenges:

The multitude of responsibilities, including administrative tasks, emergency calls, and patient care, creates bandwidth issues for healthcare providers.

These challenges disrupt continuity of care and reduce opportunities for meaningful engagement with patients' cultural contexts.

Role of Immediate Interruptions:

Frequent interruptions compromise effective communication and the ability to address cultural concerns thoroughly. These disruptions exacerbate the difficulties in creating a patient-centered, culturally aware care environment.

3. BELIEFS AND BIASES PROBLEMS

Belief systems significantly impact cultural competency in healthcare as they shape how individuals perceive health, illness, and treatment. Cultural competence involves recognizing and respecting these diverse belief systems, which can vary widely across different racial, ethnic, and social groups. For example, phrases like "Si Dios quiere" (God willing) reflect deeply rooted spiritual or religious beliefs that influence patients' views on health and outcomes. Similarly, some cultures may prioritize traditional healing practices over conventional medicine or hold unique perspectives on the causes and treatments of illness.

Healthcare providers can address these beliefs effectively by:

- Understanding the role of faith and spirituality: Acknowledge how beliefs influence health behaviors and respect their importance to the patient.
- Incorporating cultural beliefs into care plans: Align medical advice with the patient's cultural or spiritual framework to improve acceptance and adherence.
- Encouraging open dialogue: Ask respectful questions like, "Are there any cultural or spiritual practices important to you as we discuss your care?"
- Training staff in cultural competency: Equip providers to navigate sensitive discussions empathetically and respectfully.

By integrating these considerations into care, providers can build trust, improve patient engagement, and enhance treatment outcomes, ensuring care is both effective and culturally relevant.

4. EDUCATION DISPARITY PROBLEMS

Education disparities can hinder cultural competency in healthcare, creating gaps in understanding between patients and providers.

Patients with varying health literacy levels may struggle to comprehend medical information, follow treatment plans, or engage in healthy behaviors. Providers, in turn, may face challenges in effectively communicating with these patients, leading to poor outcomes and mistrust in the healthcare system.

For example, a patient with limited health literacy may struggle to interpret instructions like "complete the full course of antibiotics," risking incomplete treatment and poor outcomes. Similarly, a lack of familiarity with preventive care concepts, such as routine screenings or vaccination schedules, may lead patients to prioritize acute issues over long-term health.

- **Simplify Communication:** Use plain language and avoid medical jargon to ensure patients understand health information. Employ visual aids and demonstrations to enhance comprehension.
- Use Teach-Back Methods: Ask patients to repeat instructions in their own words to confirm understanding and address any confusion in real-time. This ensures clarity and reinforces key health messages.
- Collaborate with Community Health Workers: Engage community
 health workers who understand local languages and cultural
 nuances to act as liaisons between patients and providers,
 improving trust and communication

Implementing these strategies can help mitigate the impact of education disparities, leading to improved health outcomes, decreased anxiety and overall patient satisfaction.

5. CULTURAL AND LINGUISTIC DIVERSITY CHALLENGES

Cultural and linguistic diversity can further compound on the challenges described above. Assuming all Hispanic/Latino patients speak Spanish can alienate those who primarily speak indigenous languages or have limited Spanish proficiency. For example, patients from Guatemala may speak K'iche' or Q'eqchi', while others in Texas may not speak Spanish at all. Similarly, Afro-Latinos and other subgroups may have unique cultural identities that require tailored approaches.

An additional layer of complexity arises from **regionalisms in medical terminology**, as the same word or phrase may carry different
meanings across Spanish-speaking countries. For example, a
"resfriado" (common cold) is understood widely, but in Mexico and
Colombia, "gripa" is used instead, while in Spain, "catarro" is more
common. Similarly, "calentura" is often used for fever in Central
America and the Caribbean, whereas "fiebre" is standard in other
regions. These linguistic nuances can lead to miscommunication if not
addressed. The section on regionalisms at the end of this guide offers
a practical reference to help healthcare providers navigate these
differences.

To address cultural and linguistic challenges, providers should:

- Ask about language preferences respectfully to avoid assumptions.
- Use educational materials at appropriate literacy levels and in relevant languages, including indigenous ones.
- Recognize the diversity within Hispanic/Latino communities to foster trust and improve care.

Adopting these strategies can bridge educational and cultural gaps, enhancing outcomes for diverse patient populations.

What follows is a list of resources from the <u>Journal of the National</u>

<u>Hispanic Medical Association</u> and other organizations, agencies and individual researchers, that serve as an invaluable resource hub to better understand and dig deeper into the theoretical framework around cultural competency, language, and its intersection with health outcomes.

FROM OUR JOURNAL



Journal of the National Hispanic Medical Association



A Call for the
Professionalization of Medical
Language Education to
Prevent Misuse of Limited
Language Skills and Ad-hoc
Interpretation



Medical Student and Faculty
Attitudes Toward
Translanguaging with
Spanish-Speaking Patients



Concurrent Validity of the PHQ-9 in English and Spanish



Estimating the Impact of
Limited English Language
Proficiency on Mental Health
Services for Spanish Speakers
in the United States

FROM OUR JOURNAL (CONT.)

JNHMA

Journal of the National Hispanic Medical Association









WEBINARS

CULTURAL COMPETENCE & THE FUTURE OF THE HEALTHCARE WORKFORCE CLICK HERE Jul



Ashanda Saint Jean, MD Moderator

Chair of Obstetrics and Gynecology Health Alliance Hospitals of the Hudson Valley



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Vice President, Diversity, Equity, and Inclusion Accreditation Council for **Graduate Medical Education**

Associate Vice President at the University of Arizona Health Science, Office of Equity, Diversity, and Inclusion



Join us in this important discussion on the need for workforce diversity.

Hispanic Heritage Month Roundtable Webinar

A Roundtable for Upcoming Latino Physicians

Increasing Physicians and Medical Education



Juanita Mora, MD

CEO/Physician, Chicago Allergy Center National Medical Spokesperson, America Lung Association



José R. Cucalón Calderón, MD Associate Professor of Pediatrics, University of Nevada, Reno School of Medicine Chair, NHMA NV Chapter



Geraldine Luna, MD, MPH, MBAC

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Michael Galvez, MD, FACS

Director of Pediatric Hand and Upper Extremity Surgery, Valley Children's Hospital

MORE EXTERNAL RESOURCES



<u>Providing Equitable Care for Patients With Non-English Language</u>

<u>Preference in Telemedicine: Training on Working With Interpreters in</u>

Telehealth

Anti-Racist Transformation in Medical Education

<u>Lost in Translation: An OSCE-Based Workshop for Helping</u> <u>LearnersNavigate a Limited English Proficiency Patient Encounter</u>

Use the Teach-Back Method

The Patient Explanatory Mode

Roadmap for Trauma-Informed Medical Education: Introducing an Essential Competency Set

<u>Cultural Competency Deployment Refresher</u>

<u>Practicing Cultural Competence and Cultural Humility in the Care of</u>
Diverse Patients

Racial and Ethnic Differences in Patient Perceptions of Bias and Cultural Competence in Health Care

<u>Cultural Competency in Health Care:</u> <u>Emerging Frameworks and Practical Approaches</u>

<u>A Practical Guide for Implementing the Digital Healthcare Equity</u> Framework

<u>Language Barriers and Health Care Disparities: A Review of the</u> Literature

GLOSSARY

DOCTOR'S APPOINTMENT

GREETING THE PATIENT

GETING TO KNOW THE PATIENT

BUILDING RAPPORT/ FIRST STEPSPEDIATRIC (PARENTS/GUARDIAN)

PATIENT SCREENING

PATIENT WITH PAIN GENERAL SYMPTOMS PATIENT WITH WOUND

PREGNANCY SCREENING

APPOINTMENT NEXT STEPS

TESTS/ LABS OTHER

DENTAL

DENTAL (A-Z)

COMMON DENTAL APPOINTMENT PHRASES

MEDICINES

COMMON MEDICINES (A-Z)

MEDICINE INSTRUCTIONS TO PATIENT

VOCABULARY

COMMON SYMPTOMS

COMMON DISEASES/ILLNESSES

COMMON INJURIES

MEDICAL PROCEDURES

SEXUAL HEALTH

WOMEN'S HEALTH

HEALTH PROFESSIONALS

BODY PARTS*

REGIONALISMS



DOCTOR'S APPOINTMENT

ENGLISH - SPANISH

GREETING THE PATIENT

Hi, I'm Doctor* (YOUR NAME), nice to meet you

- Nurse = enfermero / enfermera (-o for men, -a for women)
- Paramedic = paramédico
- PA* = asociado médico
- NP* = enfermero practicante / enfermera practicante

What brings you in today?

How can I help you?

I'll be in charge of your care today

Hola, soy el/la Doctor(a)*___, mucho gusto

- Nurse = enfermero / enfermera (-o for men, -a for women)
- Paramedic = paramédico
- PA* = asociado médico
- NP* = enfermero practicante / enfermera practicante

¿Por qué ha venido hoy?

¿En que le puedo ayudar?

Voy a estar encargado de su cuidado el día de hoy

GETTING TO KNOW THE PATIENT

What is your name?

What type of work do you do?

Who came with you today?

When was your last visit?

Are there any cultural, religious or ethnic concerns that could affect the care for you today?

¿Cuál es su nombre?

¿En que trabaja?

¿Quién vino con usted el día de hoy?

¿Cuándo fue su última visita?

¿Hay algún motivo cultural, religioso o étnico que pudiera afectar su cuidado el día de hoy?

BUILDING RAPPORT / FIRST STEPS

I'm going to take of your blood pressure

I'm going to take of your temperature

Please stand on the scale

Lie down on the examination table please

I am here to check your vital signs: the temperature, the blood pressure, and the pulse

I am going to help you put on the examination gown

What medications do you take?

Do you have any chronic illness?

Do you have diabetes?

Do you have any medication allergies?

(YES) What was the reaction?

Do you have any habit such as: smoking, drinking alcohol, or using psychotropic drugs?

Have you had any heart problems?

Does anyone in the family have cancer, hypertension, diabetes, or asthma?

Open your mouth, stick out the tongue, and say "aah"

Voy a tomar su presión sanguínea

Voy a tomar su temperatura

Por favor párese en la balanza

Acuéstese en la camilla por favor

Vengo a revisar sus signos vitales: temperatura, la presión arterial, y el pulso

Le voy a ayudar a ponerse la bata de examen

¿Qué medicamentos toma?

¿Tiene alguna enfermedad crónica?

¿Tiene diabetes?

¿Tiene alergia a algún medicamento?

(SI) ¿Cuál es/fue la reacción?

¿Tiene algún hábito como: fumar, beber alcohol, o usar drogas psicotrópicas?

¿Ha tenido problemas en el corazón?

¿Alguien en la familia tiene o ha tenido: cáncer, hipertensión, diabetes, o asma?

Abra la boca, saque la lengua, y diga "aah"

PEDIATRIC (PARENT/GUARDIAN)

Have there been changes in the child's health in the past year?

Is the child taking any medication?

Does the child have any medication allergies?

(YES) What was the reaction?

Are your child's immunizations up to date?

Are there any cultural, religious or ethnic concers that could afffect the care of your child today?

How old is the child?

¿En el último año ha habido algún problema con la salud de su hijo?

¿Esta su hijo tomando algún medicamento?

¿Su hijo tiene alergia a algún medicamento?

(SI) ¿Cual es/fue la reacción?

¿Están al día las vacunas de su hijo?

¿Hay algún motivo cultural, religioso o étnico que pudiese afectar el cuidado de su hijo el día de hoy?

¿Cuantos años tiene el niño?

PATIENT SCREENING

PATIENT WITH PAIN

Do you have any pain?

For how long have you had pain? Is it acute or chronic?

Where does it hurt?

How is the pain: pulsatile, continuous, sharp, colicky, with pressure, intermittent?

Have you taken or done anything to solve this problem?

Do you have difficulty breathing?

Do you have chest pain or do you feel tired after some effort?

¿Tiene algún dolor?

¿Desde cuándo tiene dolor? ¿Es agudo o crónico?

¿Dónde le duele?

¿Cómo es el dolor: pulsátil, continuo, lacerante, cólico, apreciso intermitante?

opresivo, intermitente?

¿Ha tomado o hecho algo para solucionar este problema?

¿Siente dificultad para respirar?

¿Siente dificultad para respirar? ¿Le da dolor en el pecho o se siente cansado después de algún esfuerzo?

GENERAL SYMPTOMS

Have you had fever, vomit and/or diarrhea?

How long have you had fever?

How many times have you vomited?

When did the diarrhea begin

Have you had vision problems?

Have you felt dizzy?

Has your head hurt you recently?

Have you had appetite loss?

¿Ha tenido fiebre, vómito y/o diarrea?

¿Hace cuánto tiene fiebre?

¿Cuántas veces ha vomitado?

¿Cuándo empezó la diarrea?

¿Ha tenido problemas con la vista?

¿Se ha sentido mareado?

¿Le ha dolido la cabeza últimamente?

¿Ha tenido pérdida de apetito?

PATIENT WITH WOUND

Was the wound caused by an object: cutting, stabbing

(as a puncture), or blunt (dull)?

How much time has the wound been open?

La herida la recibió con un objeto: ¿cortante, punzante, o romo?

¿Cuánto tiempo ha estado abierta la herida?

PREGNANCY SCREENING

Is this your first pregnancy?

Have you had any problems with this pregnancy?

How many times have you delivered?

Have they been natural (vaginal) or c-sections?

Have you had abortions or miscarriage?

- How many abortions have you had?
- Were they planned or spontaneous?

¿Es su primer embarazo?

¿Ha tenido problemas con este embarazo?

¿Cuántos partos ha tenido?

¿Fueron partos naturales (vaginales) o cesáreas?

¿Ha tenido algún aborto o pérdida espontánea?

- ¿Cuántos abortos ha tenido?
- · ¿Fueron planeados o espontáneos?

APPOINTMENT NEXT STEPS Your next appointment is ____(DATE) Su proxima cita es_ **TESTS/LABS** We need a ____ test: Necesitamos una prueba de____: blood / urine / spinal fluid / stool test sangre / orina / líquido de la médula espinal / heces Go to the laboratory with this order Vaya al laboratorio con esta orden **OTHER** We will stabilize the fracture with a plaster cast Estabilizaremos la fractura con una inmovilización de yeso inmobilization Return in ____ days to remove the stitches from the wound Regrese en ____días para retirar los puntos de sutura de la herida It is necessary to sign a concent for treatment Es necesario firmar un consentimiento para el tratamiento

DENTAL

A-Z

A-Z				
В	Braces	Brackets/ Frenillos/ Correctores	S Saliva Salivary Glands	Saliva Glándulas Salivares
С	Cavity Cheek	Caries Mejillas	Teeth Front Teeth	Diente • Dientes Frontales
D	Dental Crown Denture	Corona Dental Dentadura	Back teeth	• Muelas
F	Floss Fluoride	Seda Dental Flúor	Throat Tongue Tonsils	Garganta Lengua Amígdalas
G	Gingival Swelling Gums	Inflamación de las encías Encías	Tooth Drilling Tooth Impant Toothbrush Toothpaste	Perforación dental Implante dental Cepillo de dientes Crema dental/ Pasta dental
M	Mouth Mouthwash	Boca Enjuague bucal	Toothpuste	oroma domain i data domai

COMMON DENTAL APPOINTMENT PHRASES

How many times do you brush your teeth?	¿Cuantas veces se cepilla los alentes?
Open / Close your mouth	Abra / Cierre la boca
Stick out your tongue	Saque la lengua
The tooth needs to be extracted because it can't be due to an infection	be fixed Hay que sacar el diente porque no es posible restaurarlo debido a una infección
You will feel pressure on your tooth	Va a sentir presión en el diente
You will feel pressure on your tooth	Va a sentir presión en el diente
Some bleeding following tooth extraction is to be	expected Después de la extracción puede haber un poco de sangrado
Have you had any problem with previous dental w	¿Ha tenida problemas con trabajos dentales anteriores?

Have you been to the dentist before?

Where does it hurt?

How long has it hurt?

Do you have sensitivity to hot/cold things?

Do you use dental floss?

Do your gums bleed?

You have plaque/calculus on your teeth

¿Ha ido al dentista/ odontólogo anteriormente?

¿Dónde le duele?

¿Hace cuánto le duele?

¿Tiene sensibilidad a cosas calientes/frías?

¿Le sangran las encías?

Va a sentir presión en el diente

Tiene placa /cálculos (sarro) en los dientes

MEDICINES

A-Z

A	Acetaminophen Antacid	Acetaminofén Antiácido
	Antidepressant	Antidepresivo
	Antibiotic	Antibiótico
	Anti-inflammatory	Antiinflamatorio
	Antihistamine	Antihistamínico
	Aspirin	Aspirina

Balm Pomada / Balsamo

Cold Relief Medicine Antigripal
Cough syrup Jarabe de tos

Eye Drops Gotas para los ojos

IbuprofenIbuprofenoInjectionInyecciónIntravenousintravenosoInsulinaInsulina

L	Laxative	Laxante
		4

Medicine Medicina/ Remedio

N Narcotic Narcótico

Painkiller Analgésico
Penicillin Penicilina
Pill Pastilla

S Sleeping pills Somnifero Syrup Jarabe

V Vitamins Vitaminas

MEDICINE INSTRUCTIONS TO PATIENT

Take the pill on an empty stomach

Take the capsule on an empty stomach

Do you want the medicine in liquid or in tablets?

Take the tablets with food

Apply the ointment on the affected area every 24 hours and cover it with a sterile gauze

Do not drink alcohol while taking this medication

Take this medicine:

- ___ times a day
- every ___ hours
- dissolved in water
- · when you get up in the morning
- · before you go to bed
- before each meal
- with each meal
- after each meal
- · every other day

Tome la pastilla con el estómago vacío

Tome la cápsula en ayunas

¿Quiere la medicina en líquido o en tabletas?

Tome la medicina con la comida

Aplique la pomada en la zona afectada cada 24 horas y cúbralo con una gasa estéril

No beba alcohol mientras esté tomando esta medicina

Tome esta medicina:

- ____ veces al día
- cada ___ horas
- disuelta en agua
- al levantarse por la mañana
- antes de acostarse
- antes de cada comida
- · con cada comida
- · después de cada comida
- · un día sí, un día no

Do not take this medication on an empty stomach

This medication might cause drowsiness

No tome esta medicina con el estómago vacío Este medicamento puede causar somnolencia / sueño

VOCABULARY

COMMON SYMPTOMS (A-Z)

Α	Abdominal Pain	Dolor abdominal
A	Arthritis	Artritis

В	Blisters	Ampolias

С	Chest Pain	Dolor en el Pecho
	Chills	Escalofríos
	Congestion	Congestión
	Cough	Tos
	Cyst	Quiste

D Diarrhea	Diarrea/ Soltura de estómago
------------	------------------------------

Е	Fainting	Desmayo
F	Fatigue	Fatiga
	Fever	Fiebre

Н	Headache	Dolor de cabeza
	High Pressure	Hipertensión Arterial
	Hyperglicemia	Hiperglicemia
	Hypoglicemia	Hipoglucemia

Itchiness		Picazón

T	Loss of appetite	Pérdida de apetito	
L	Low pressure	Hipotensión Arterial	

	Seizure	Convulsion
S	Shortness of Breath	Dificultad para respira
	Skin Rashes	Erupciones Cutáneas
	Sore throat	Dolor de garganta
	Skin Rashes	Erupciones Cutáneas
	Stomach pain/ ache	Dolor de estomago
	Stroke	Accidente cerebral
	Swelling	Inflamación / Hinchazá

т	Tachycardia	Taquicardia	
I	Tingling	Hormigueo	

V	Vomit/ throw up	Vomito / vomitar

M	Migraine	Migraña
IM	Muscular Pain	Dolor Muscular

N	Nausea	Nausea

P	Phlem	Flemas

COMMON DISEASES/ILLNESSES (A-Z)

	COMMON DISEASES, ILLNESSES (A-2)				
A	\	Allergy Anemia Appendicitis	Alergia Anemia Apendicitis	Gastroenteritis	Gastroenteritis
I	3	Bronchitis	Bronquitis	Heart Attack	Infarto/ Ataque al corazón
	C	Chickenpox Cystitis	Varicela Cistitis /Infección urinaria	Meningitis	Meningitis
Ι		Diabetes	Diabetes	Pharyngitis Pneumonia	Faringitis Neumonía

Ξ	Ear infection	Infección de oído	R	Respiratory Tract Infection	Infección Respiratoria
77	Food Poisoning	Intoxicación alimentaria	S	Salmonella Sore/Pink Eye Swimmers Ear	Salmonela Conjuntivitis Otitis Externa

Lesión

Raspadura

Torcedura

Torcer/Torcedura

Picadura

ENGLISH - SPANISH

Injury

Scrape

Sprain

COMMON INJURIES (A-Z)

Bleed Sangrar В

Break a Bone Romperse un hueso **Bruise** Moretón/morado Burn

Quemadura

Sting Dislocación Dislocation

Twist

Faint / To Faint Desmayo/ Desmayarse Wound Herida

MEDICAL PROCEDURES (A-Z)

Biopsia Biopsy В **Physiotherapy Fisioterapia** Análisis de Sangre **Blood test**

Colonoscopia Colonoscopy **Stitches Puntos**

CT TAC Cirugía Surgery

Electrocardiograma Electrocardiogram Ecografía Ultrasound Electroencefalograma Electroencephalogram

Análisis de Orina **Urine analysis** Endoscopia **Endoscopy**

x-ray Rayos-x / Radiografias Resonancia Magnética **Magnetic resonance**

SEXUAL HEALTH (A-Z)

E

HIV/ AIDS VIH / SIDA **Abortion** Aborto **Hormon Therapy** Terapia Hormonal

HPV Virus del Papiloma Humano

Birth Control Methods Infertilidad Métodos Anticonceptivos Infertility

ITS (Infección Transmitida Anticonceptivos de **Emergency** S STI Emergencia Sexualmente) Contraceptive

Vasectomy Vasectomía **Fertility Fertilidad**

WOMEN'S HEALTH (A-Z)

Paraguard IUD

Mammogram Mamografia Falta/ Ausencia de **Absent Period** Menopause Menopausia menstruación **Menstrual Cycle** Ciclo Menstrual

Breast Seno **Ovaries Ovarios**

· IUD de Cobre

Ovulation Ovulación Contraceptive Anticonceptivo Cramps Cólicos/Cólicos Menstruales

Pap smear Papanicolauo **Fallopian Tubes** Trompas de Falopio Periodo Menstrual/ Period **Fertility** Fertilidad

La regla/ Menstruación **PMS** Síndrome Premenstrual IUD DUI (Dispositivo Uterino **Pregnancy Test** Prueba de Embarazo Hormonal)

Pregnancy Embarazo Hormonal IUD IUD Hormonal 18

Regionalisms in Spanish Medical Terms

While understanding regionalisms in medical terminology is valuable, the responsibility of addressing linguistic and cultural barriers must not rest solely on individual healthcare providers. Instead, healthcare systems worldwide must prioritize structural solutions to **guarantee equitable care**. With that said, here is a list of the most common regionalisms in medical terminology that might come in handy for your practice with diverse Spanish-speaking patients.

General Medical Terms

Headache

Dolor de cabeza (Standard) Chontal (Mexico, rural areas) Jaqueca (Argentina, Spain)

Cold (Common Cold)

Resfriado (General)
Gripa (Mexico, Colombia)
Catarro (Spain, Central America)

Flυ

Gripe (Spain, South America)
Gripa (Mexico, Central America)

Fever

Fiebre (Standard)
Calentura (Mexico, Central America,
Caribbean)

Stomach Pain

Dolor de estómago (Standard)
Empacho (Mexico, Central America,
Andes—refers to indigestion)
Retorcijón (Mexico, Guatemala — often
means cramping)

Constipation

Estreñimiento (Standard)
Tapado (Central America, Caribbean)
Trancado (Venezuela)

Anatomy

Ear

Oreja (Outer ear, general)
Oído (Inner ear, general)
Escucha (Slang, Caribbean)

Abdomen/Belly

Barriga (General)
Panza (Argentina, Mexico, informal)
Vientre (Spain, more formal)

Foot

Pie (Standard)
Pata (Informal, Caribbean, some regions
of Central America)

Medical Procedures

Injection

Inyección (Standard)
Pinchazo (Spain)
Jeringazo (Colloquial, Peru)

Surgery

Cirugía (Standard)
Operación (General, more common informally)

Ultrasound

Ecografía (Spain, general)
Ultrasonido (Latin America)

Regionalisms in Spanish Medical Terms

Illnesses and Symptoms

Cough

Tos (Standard)
Tos seca (Dry cough, general)
Ahogo (Caribbean, referring to difficulty breathing)

Diabetes

Diabetes (Standard) Azúcar alta (Informal, general)

Hypertension

Hipertensión (Standard)
Presión alta (Informal, general)

Medication

Painkillers

Analgésico (Standard) Calmante (General) Pastilla para el dolor (Informal, general)

Antibiotics

Antibiótico (Standard)
Penicilina (Colloquial, Mexico — often
used as a catch-all term for antibiotics)
Ampicilina (Peru, informal)

Cough Syrup

Jarabe para la tos (General) Jarabe (Colloquial, general)

Pregnancy & Pediatrics

Embarazo (Standard)

Estar en cinta (Spain) Estar preñada (Rural, informal, Mexico, and Caribbean)

Breastfeeding

Lactancia (Standard) Dar el pecho (Spain) Dar la teta (Argentina, informal)

Pacifier

Chupete (Argentina, Spain, Chile) Bobo (Caribbean, Colombia) Chuponcito (Mexico, Central America)

Mental Health

Depression

Depresión (Standard) Bajón (Argentina, Spain, informal, refers to a depressive episode)

Anxiety

Ansiedad (Standard)
Nervios (General, informal — often used
for mild anxiety)
Estrés (Stress, general)

Miscellaneous

Bruising

Moretón (Mexico, Central America) Cardenal (Spain, Argentina) Magulladura (General, less common)

Rash

Sarpullido (General)
Ronchas (Mexico, Central America)
Erupción cutánea (Formal, medical term)

Dizziness

Mareo (Standard) Vértigo (Medical, general) Zozobra (Colloquial, Caribbean)

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