

## Module 3. Cultural sensitivity - 3.5 Assessment

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Congratulations for completing the learning units of this module. This day is dedicated for reflection and for assessing what you have learned in the previous four days.

### 1. AIMS

This assessment tool aims to enhance *knowledge and skills* gained in Cultural Sensitivity Module regarding the establishment of a therapeutic intercultural communication and trusting relationship among health and social professionals and general population, particularly vulnerable population.

### 2. LEARNING OUTCOMES

*Assess and reinforce the knowledge and skills gained after worked through the four tools of the Module 3:*

- Understanding the importance of communication between health and social care staff, the client and his/her family members, carers.
- Knowledge about ethical concerns associated with immunization issues.
- Recognizing the significance of working effectively with vulnerable population and other special groups in culturally sensitive and compassionate way in health and social care settings.

### 3. ASSESSMENT ACTIVITY

**Indicate below if the following statements about Cultural Sensitivity (Module 3) are true or false** (duration: 15 minutes):

1. Multiculturalism is the process of rapprochement between different cultures, which seeks to establish links beyond the culture itself in question.
2. Ethnocentrism or cultural autocrism is a feeling or belief that different people have of being in possession of the best culture among those existing in the world. They consider their culture of origin as a model for judging other cultures.
3. Within intercultural communication, non-verbal communication is not as important as verbal communication.
4. For an effective intercultural communication it is necessary to know our culture and establish prejudices.
5. Regarding vaccination, vulnerable groups are pregnant women, premature infants, people with chronic and immunodeficiency diseases, elderly people.
6. Non-maleficence: is based on the Hippocratic principle of Primum non nocere, i.e. "first and foremost, do no harm".
7. If we start a conversation with an unvaccinated person, we must interrupt and correct them immediately, since they are upholding something they believe to be true, but it is not.

8. At the paediatric level, vaccine trials with improved child survival or prevention of serious illness as outcomes are ethically justifiable if the effects of the intervention on the prevention of mortality or serious illness are unknown.

9. Illiteracy, language barriers, and a lack of knowledge of modern science make it difficult to provide adequate information on vaccines details, indications, and possible complications in the elder population, specifically.

10. It is important to create interventions with multidisciplinary approaches and improve the communication skills of professionals and focus on their relationship with parents and other patients or users.