

Untitled

by Mary Ann

General metrics

2,622	415	25	1 min 39 sec	3 min 11 sec
characters	words	sentences	reading time	speaking time

Score



This text scores better than 81% of all texts checked by Grammarly

Writing Issues

13		13
Issues left	Critical	Advanced

Writing Issues

1

Clarity

1

Paragraph can be improved

Unique Words

Measures vocabulary diversity by calculating the percentage of words used only once in your document

50%
unique words

Rare Words

26%

Measures depth of vocabulary by identifying words that are not among the 5,000 most common English words.

rare words

Word Length

5

Measures average word length

characters per word

Sentence Length

16.6

Measures average sentence length

words per sentence

Untitled

Reyna

Your reflections, Reyna, point to a significant shift in the perception of cultural competency as a continuous process rather than a fixed outcome. I also like that you focused on reflection, attitude, and action as they are so frequently neglected and yet play a vital role in real-life interactions. This attitude is even more vital in the medical field, particularly in psychology, as the cultural background of patients may be directly related to their views on mental health, symptom manifestation, and reaction to medications (Galanti, 2015). The part of your argument where cultural competency is personalized to the individual is particularly compelling- there is no universal way to do it, and making assumptions like that may, in fact, lead to barriers rather than trust. In the future, you will probably become even more effective in the role of a clinician by adopting self-awareness and being ready to learn with every patient. It could also be beneficial to think about¹ the interaction of¹ systemic factors, such as access to care or cultural stigma,¹ with¹ personal experiences. Comprehensively, your views demonstrate a considerate and realistic way of using cultural competency in a manner that is meaningful.

Reference

Galanti, G., A. (2015). Caring for Patients from Different Cultures. University of Pennsylvania Press.

Response to Henry

Thank you, Henry, for your informative post. I agree that viewing culture as being of a large and small scale. What is easy to do, however, is to take culture in the light that is related to nationality or ethnicity, but the understanding that culture can also be described using the family customs, personal relations, and the experiences both people and groups share can add much more to the way we perceive people. This wider view comes in particularly handy within the field of healthcare, where assumptions made based on visible characteristics only can result in misinterpretations. I like the fact that you think of supporting and enhancing current cultures in healthcare, but it may be a good idea to clarify what it would look like in practice. Active listening to patients and their values, turning care into their form, might become one such solution (Galanti, 2015). Also, as a member of the healthcare culture, one can help create a more accepting and respectful workplace culture among patients and other employees. In general, your reflection demonstrates a solid base to build cultural awareness in a professional context.

Reference

Galanti, G., A. (2015). Caring for Patients from Different Cultures. University of Pennsylvania Press.

1.	<i>It could also be beneficial to think about the interaction of systemic factors, such as access to care or cultural stigma, with personal experiences.</i>	Paragraph can be improved	Clarity
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