

The **Facilitator's Guide:** Companion to *A Physician's Practical Guide to Culturally Competent Care*

<http://www.thinkculturalhealth.hhs.gov>



A Physician's Practical Guide to Culturally Competent Care

- ◆ ***Theme 1:
Fundamentals of Culturally Competent Care***
- ◆ ***Theme 2:
Speaking of Culturally Competent Care***
- ◆ ***Theme 3:
Structuring Culturally Competent Care***

Theme 1: Fundamentals of Culturally Competent Care

- ◆ ***Module 1.1: An Overview of Culturally Competent Care***
- ◆ ***Module 1.2: Cultural Competency Development***
- ◆ ***Module 1.3: Patient-Centered Care and Effective Communication***

Overview of Culturally Competent Care Learning Objectives

- ◆ ***There are three objectives:***
 - ***Describe the rationale for developing cultural competence***
 - ***Explain the benefits of developing cultural competence***
 - ***List the three themes of the CLAS Standards and understand the 14 CLAS Standards***

Setting the Stage: Case Study

◆ Arturo Gonzalez:

- *Is a 14-year-old male Mexican youth, hospitalized for an overdose of Amitriptyline. He is overweight and has complained of being bullied at school. He speaks English and Spanish. He has Medicaid.*



Cultural Competency: A National Health Concern

A body of research documents the existence of racial and ethnic disparities in health.



The Big Picture

Cultural and language differences may result in misunderstanding, lack of compliance, or other factors that can negatively influence clinical situations.



Benefits of Cultural Competency

- ◆ ***Reduce health disparities***
- ◆ ***Improve patient care and satisfaction***
- ◆ ***Decrease malpractice risks and insurance costs***
- ◆ ***Experience operational efficiency***
- ◆ ***Increase compliance with state and federal regulations***
- ◆ ***Increase compliance with the Joint Commission accreditation standards***



National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care

- ◆ ***The CLAS Standards were developed to improve access to health care for minorities, reduce disparities, and improve quality of care.***
- ◆ ***There are 14 Standards organized into three themes:***
 - ***Culturally Competent Care (Standards 1–3)***
 - ***Language Access Services (Standards 4–7)***
 - ***Organizational Supports (Standards 8–14)***

CLAS Standards

The CLAS Standards are part of a body of recommended guidelines, legislation, and policies about cultural and linguistic acceptance adopted over recent decades in the United States.

Culturally Competent Care Standards

- ◆ ***Standard 1: Patients receive effective, understandable, and respectful health care***
- ◆ **Strategies:**
 - ***Focus on behaviors of ALL staff***
 - ◆ ***Provide periodic training and discussion at staff meetings***
 - ◆ ***Include cultural competence information in new employee orientations***
 - ***Show your commitment***
 - ◆ ***Incorporate skills and attitudes into regular performance reviews***
 - ◆ ***Add cultural competency skills sets to job descriptions***



Culturally Competent Care Standards

- ◆ **Standard 2: Recruitment, retention, and promotion of diverse staff and leadership**
- ◆ **Strategies:**
 - ***Incorporate diversity into mission statements and strategic plans/goals***
 - ***Be proactive—build diverse workforce capacity***
 - ◆ ***Mentoring programs***
 - ◆ ***Community-based internships***
 - ◆ ***Partnerships with local schools***
 - ***Identify recruits “in the pipeline”***



Culturally Competent Care Standards

- ◆ ***Standard 3: All staff receive ongoing education and training in culturally and linguistically appropriate service delivery***
- ◆ **Strategies:**
 - ***Pool resources with neighboring organizations to reduce cost***
 - ***Locate CME or CEU accredited training***
 - ***Use community-based organizations and hands-on experiences as opportunities to learn from patients***
 - ***Conduct a needs assessment of staff***
 - ***Publicly recognize staff for completing training—recognition plaques, certificates***



Language Access Services Standards

- ◆ **Standard 4: Language assistance services must be offered at no cost to the patient**
- ◆ **Strategies:**
 - **Bilingual staff—most efficient and preferred approach**
 - **Professional interpreters—second best option**
 - **Staff or volunteer trained interpreters—“employee language banks”**
 - **Telephone interpretation**
 - ◆ **Can be used for simple communications—setting up appointments, giving lab results**
 - **Immigrant service agencies**
 - **Community organizations**



Language Access Services Standards

- ◆ ***Standard 5: Patients and consumers must be informed of their right to language access services***
- ◆ **Strategies:**
 - ***“I Speak” cards***
 - ***Post signs in commonly encountered languages at all points of entry***
 - ***Educate all staff on how and what services are provided***
 - ***“Market” services in appropriate non-English brochures and materials routinely distributed to the public***



Language Access Services Standards

- ◆ **Standard 6: Health organizations must assure the competence of language assistance provided by interpreters/bilingual staff**
- ◆ **Strategies:**
 - **Discourage use of family and friends**
 - **Seek certified interpreters**
 - **Assess knowledge of medical terminology of interpreter candidates**
 - **Send bilingual staff to interpreter training**



Language Access Services Standards

- ◆ **Standard 7: Availability of easily understood patient materials and appropriate signage**
- ◆ **Strategies:**
 - **Materials**
 - ◆ **Administrative and legal documents**
 - ◆ **Clinical information**
 - ◆ **Patient education and health promotion materials**
 - **Quality Assurance**
 - ◆ **Translation by trained professional**
 - ◆ **Back-translation and review by target groups**
 - ◆ **Periodic updates**
 - ◆ **Grade 4–6 literacy level**
 - ◆ **Two-tiered testing—practitioners and community**



Organizational Supports Standards

- ◆ **Standard 8: Written strategic plan with clear goals, policies, and accountability mechanisms**
- ◆ **Strategies:**
 - **Create a cultural competency committee or identify a cultural competency champion to lay the groundwork of the plan**
 - **Involve community representatives**
 - ◆ **Ensure that services and goals meet the true needs of the community and are authentic**
 - **Set action item priorities over reasonable time periods**



Organizational Supports Standards

- ◆ **Standard 9: Conduct initial and ongoing organizational self-assessment and include measures in overall activities**
- ◆ **Strategies:**
 - **Conduct patient and community surveys**
 - ◆ **Add a question about self-identified ethnicity**
 - **Conduct cultural audit using self-assessment tools**
 - **Explore and measure**
 - ◆ **Accessibility of interpreter services**
 - ◆ **Effectiveness of cultural competency training**
 - ◆ **Difference in service use among different groups**



Organizational Supports Standards

- ◆ **Standard 10: Patient data collection, to include: race, ethnicity, and spoken and written language**
- ◆ **Strategies:**
 - **Adapt intake procedures to facilitate patient self-identification**
 - ◆ **Avoid use of observational/visual assessment methods**
 - ◆ **Enhance data by collecting information on self-identified country of origin**
 - **Collect data on preferred written and spoken language**
 - **Collect data on interpretation services**
 - **Inform patients about confidentiality and the purpose of collecting racial and ethnic data**



Organizational Supports Standards

- ◆ **Standard 11: Maintain current demographic, cultural, and epidemiological community profiles and conduct needs assessment of service area**
- ◆ **Strategies:**
 - **Use census figures, state health status reports, school enrollment profiles, and data from community agencies and organizations**
 - **Conduct focus groups, interviews, and surveys**
 - **Learn from the community**
 - ◆ **Build trust and allay fears**
 - **Engage summer interns and students**
 - **Join with nearby providers to pool resources**



Organizational Supports Standards

- ◆ **Standard 12: Participatory, collaborative partnerships to facilitate community and patient involvement**
- ◆ **Strategies:**
 - **Participate in governing boards, community and ad hoc advisory groups**
 - **Hold community meetings, interviews, and focus groups**
 - **Many low-income working individuals feel their circumstances constrain their community participation. Offer:**
 - ◆ **Transportation assistance**
 - ◆ **Childcare**
 - ◆ **Meals at meetings**
 - ◆ **Participate in community health fairs**



Organizational Supports Standards

- ◆ ***Standard 13: Ensure that conflict and grievance resolution processes are culturally and linguistically sensitive***
- ◆ **Strategies:**
 - ***Provide cultural competence training to staff who handle complaints and grievances***
 - ***Provide notice in other languages about patient rights to file a grievance***
 - ***Provide contact name and number of grievance disposition***
 - ***Offer ombudsperson services***



Organizational Supports Standards

- ◆ **Standard 14: Keep public informed about progress and successful innovations in implementing the CLAS Standards**
- ◆ **Strategies:**
 - *Description of specific organizational changes or new programs*
 - *Publication of documents focused on cultural and linguistic competence*
 - *Newsletters*
 - *Local television or radio*
 - *Web site*
 - *Presence at town hall meetings*



Cultural Competency Development Learning Objectives

- ◆ ***There are three objectives:***
 - ***Identify the need for balance between fact-centered and attitude/skill-centered care approaches***
 - ***Understand that attaining cultural competency is a lifelong journey—not a specific achievement***
 - ***Explain frameworks for developing cultural competency***

Setting the Stage: Case Study

◆ **Geraldine Williams:**

- ***Is a 70-year-old Native American female who has been receiving traditional therapy for complications of diabetes and obesity. She has Medicare and Indian Health Services benefits.***



Cultural Competency Development

Balance fact-centered and attitude/skill-centered approaches.

The fact-centered approach teaches cultural information about specific ethnic groups.



The attitude/skill-centered approach enhances communication skills and emphasizes the sociocultural context of individuals.

Cultural Competency Development is...

- ◆ ***A journey—not a goal***
- ◆ ***A process of self-reflection***
 - ***Understanding our own beliefs and biases***
 - ***Knowing what we bring to a clinical encounter***



Campinha-Bacote's Model: The Process of Cultural Competence in the Delivery of Healthcare Services

- ◆ ***Helps health care professionals to see cultural competence as a process that focuses on:***
 - ***Awareness*** of your biases and the presence of racism and other “isms”
 - ***Skills*** to conduct a cultural assessment in a sensitive manner
 - ***Knowledge*** about different cultures' worldview and the field of biocultural ecology
 - ***Encounters*** and face-to-face interactions you have had with people from cultures different than yours
 - ***Desire*** to become culturally competent

From: Campinha-Bacote, 2002b, used with permission from Transcultural
C.A.R.E. Associates

Patient-Centered Care and Effective Communication: Learning Objectives

- ◆ ***There are three objectives:***
 - ***Define patient-centered care in terms of the role of culture and culturally sensitive treatment options***
 - ***Explain the difference between “illness and disease”***
 - ***Identify models of effective patient communication***

Patient-Centered Care Involves...

- ◆ ***Awareness of the role of “culture” in health-seeking behavior***
- ◆ ***Negotiating culturally sensitive treatment options***
- ◆ ***Treating everyone with dignity***
- ◆ ***Strengthening patients’ sense of control***

Disease vs. Illness

- ◆ ***Disease = physiological and psychological process***
- ◆ ***Illness = perceived psychosocial meaning and experience***
 - ***Illness has cultural, social and psychological influences and is subjective***



A culturally competent physician must address both a patient's disease and his or her illness.

A Patient's Explanatory Model

- ◆ ***A patient forms an explanatory model that encompasses his or her beliefs about the course of sickness, including its origin, severity, treatment, and expected recovery.***

Why are Models Important?

- ◆ ***Describe dimensions and processes of cultural competency***
- ◆ ***Provide tools for communicating with patients***
- ◆ ***Help provider to understand patient perspective***
- ◆ ***Put provider in mindset to provide CLAS***



How can using models contribute to communication?

LEARN

- ◆ ***LISTEN*** with sympathy to the patient's perception of the problem
- ◆ ***EXPLAIN*** your perceptions of the problem
- ◆ ***ACKNOWLEDGE*** and discuss differences and similarities
- ◆ ***RECOMMEND*** treatment
- ◆ ***NEGOTIATE*** agreement

Berlin & Fowkes, 1983

BATHE

- ◆ **BACKGROUND:** *“What is going on in your life?”*
- ◆ **AFFECT:** *“How do you feel about what is going on?”*
- ◆ **TROUBLE:** *“What about the situation troubles you the most?”*
- ◆ **HANDLING:** *“How are you handling that?”*
- ◆ **EMPATHY:** *“That must be very difficult for you.”*

Stuart & Lieberman, 1993

ETHNIC

- ◆ **EXPLANATION:** *“What do you think may be the reason you have these symptoms?”*
- ◆ **TREATMENT:** *“What kinds of medicines or home remedies have you tried? What kind of treatment are you seeking from me?”*
- ◆ **HEALERS:** *“Have you sought any advice from alternative or folk healers? Tell me about it.”*
- ◆ **NEGOTIATION:** *Negotiate options that are mutually acceptable to you and your patient. Incorporate your patient’s beliefs and cultural practices.*
- ◆ **INTERVENTION:** *Determine an intervention with the patient’s input.*
- ◆ **COLLABORATION:** *Work with the patient, his/her family members, other health care team members, and community resources.*

Levin, Like, & Gottlieb, 2000

<http://www.thinkculturalhealth.hhs.gov>

Dr. Brown: Making Progress?

- ◆ ***What is this office learning about cultural competency?***
- ◆ ***How do you feel about this situation?***
- ◆ ***How would you handle this?***
- ◆ ***If Dr. Brown were your colleague, how would you have responded to his request for help?***



Online Test Center

<http://cccm.thinkculturalhealth.hhs.gov/iDVDusers>

The screenshot shows the web interface for the Online Test Center. At the top, there is a header for the U.S. Department of Health & Human Services with the URL www.hhs.gov. Below that is the Office of Minority Health section with the URL minorityhealth.hhs.gov. The main content area features the title "A Physician's Practical Guide to Culturally Competent Care" and navigation buttons for "TCH Home", "Update Profile", and "Logout". A sidebar on the left contains a "CME/CEU info" link and a description of the guide as a continuing medical education activity, supported by unrestricted monies from the Office of Minority Health. The main content area is titled "DVD Test Center Progress Checklist" and includes a photograph of a doctor and a patient. The text explains that the checklist shows steps for receiving credit (3 credits per theme) and provides instructions on how to use the test center. It also includes links to view CCCM Video Vignettes and three themes: Theme 1: Fundamentals of Culturally Competent Care, Theme 2: Speaking of Culturally Competent Care, and Theme 3: Structuring Culturally Competent Care.

U.S. Department of Health & Human Services www.hhs.gov

Office of Minority Health minorityhealth.hhs.gov

United States Department of HEALTH & HUMAN SERVICES
Office of Minority Health

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DVD Test Center Progress Checklist

A Physician's Practical Guide to Culturally Competent Care is a continuing medical education activity:

Supported through unrestricted monies from the Office of Minority Health at the United States Department of Health and Human Services.

[Help / FAQs](#)

The checklist below shows the steps that you must complete in order to receive credit (3 credits per theme). Please check off only the items that you have completed via the DVD and workbook and click on the submit button. To receive credit you must enter your pre and posttest answers via this test center by clicking on the links below. The system will automatically check off those items once the tasks are completed. You must complete all other module tasks prior to taking the posttest. Once you have submitted your posttest and obtained a passing score of 70% or higher, you will see how you did relative to other DVD and Web site users and your results will be stored so you may review them at any time.

To view the CCCM Video Vignettes [click here](#).

Click on the following links to go to the appropriate theme:
[Theme 1: Fundamentals of Culturally Competent Care](#)
[Theme 2: Speaking of Culturally Competent Care](#)
[Theme 3: Structuring Culturally Competent Care](#)