**Examples of Content on Cultural Linguistic Competency and Implicit Bias**

The content below was developed by TDC Patient Safety Risk Managers to fulfill AB 241 and AB 1195.

*Note: Check all links to ensure they are still live. Some of this content may have text copied directly from source material and need citations.*

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| Communication between the provider and the patient/family was the second most common in relation to the follow-up instructions, such as to when to come back for the appointment.  Cultural and linguistic determinants of care can affect the issue of non-adherence and follow- up instructions. Cultural competence by healthcare professionals is critically important in order to help eliminate health disparities and social disadvantages for every patient, regardless of ethnicity or race.  Clinicians must understand how each patient’s sociocultural background affects health beliefs and behavior. Understanding these types of social determinants of health will allow clinicians to better care for multicultural populations. A focus on health as opposed to healthcare supports the practitioner in addressing social determinants of health.  Screening tools are available to build consideration of social determinants of health into practice. In its FPM Journal blog, the American Academy of Family Physicians outlines “Three Tools for Screening for Social Determinants of Health. [Three Tools for Screening for Social Determinants of Health](https://www.aafp.org/journals/fpm/blogs/inpractice/entry/social_determinants.html) |
| **Reducing Risks with Multilingual Patients**  With many patients speaking a language other than English at home, language barriers raise the risk for an adverse event and that can lead to claims from multilingual patients. This can arise from not understanding medication use, the inability to comprehend an informed consent discussion, or being able to follow discharge or treatment plan instructions. When cultures and languages create barriers, physicians are unable to deliver the care they have been trained to provide. Culturally competent care depends on resolving systemic and individual cultural differences that can create conflicts and misunderstandings. If the provider is unable to elicit patient information and negotiate appropriate care, negative health consequences may occur.  2nd Layer  Consider how to provide culturally responsive care by reading the following:  • Cultural Diversity Creates Language Barriers: Reducing Claims with Multilingual Patients <https://www.thedoctors.com/articles/cultural-diversity-creates-language-barriers-reducing-claims-with-multilingual-patients/>  • Challenges of Cultural Diversity in Healthcare: Protect Your Patients and Yourself <https://www.thedoctors.com/articles/challenges-of-cultural-diversity-in-healthcare-protect-your-patients-and-yourself/> |
| **Prevention: Strategies to Increase Understanding for Patients with Limited English Proficiency (LEP)**   * Determine patient’s level of understanding - Use the “Ask Me 3®” method to confirm patient’s understanding of your discussion. Ask the patient to respond in their own words their understanding of the following questions:   + - 1. **What is my main problem?**       2. **What do I need to do?**       3. **Why is it important for me to do this?**     - Evaluate patient’s ability to follow the home care plan - When providing written material, ask the patient to “teach back” by recalling an important piece of information. For example, “*Let’s talk about the information in item #2*. *How will you plan to do that*?” |
| **Health Literacy and Language Matter**  In order to provide the best service to each patient, it is important to be aware of specific characteristics and needs that may vary patient by patient. These include patients’ level of health literacy and cultural background.  Health literacy is defined by the [CDC](https://www.cdc.gov/healthliteracy/learn/index.html) as the “ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.” This is a change from the previous definition used in Healthy People 2010 and 2020.   * Print literacy is the ability to read, interpret and understand print information (such as patient education material, prescriptions, and medicine labels. * Oral literacy is the ability to speak and listen effectively (such as during the physician—patient or staff-patient communications). * Numeracy is the being able to interpret quantitative information (such as dosing instructions, test results and understanding the probability of risk communication).   When thinking about these concepts question how you can better communicate with people of limited English proficiency or people who have limited vision or hearing. To avoid suits based on the Americans with Disability Act, read the following [article.](https://www.thedoctors.com/articles/ada-accessibility-for-healthcare-websites-how-practices-can-avoid-suits-and-attract-patients/) A follow up to this are frequently asked questions ([FAQs](https://www.thedoctors.com/articles/americans-with-disabilities-act-frequently-asked-questions/)).  <https://www.ahrq.gov/health-literacy/improve/precautions/index.html>  Baker DW. The meaning and the measure of health literacy. J Gen Intern Med. 2006 Aug;21(8):878-83. doi: 10.1111/j.1525-1497.2006.00540.x. PMID: 16881951; PMCID: PMC1831571. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1831571/>  Rothman, RL, Montori, VM, et.al. Perspective: the role of numeracy in healthcare. 2008 Aug;13(6): 583-595. <https://doi.org/10.1080/10810730802281791>  American Medical Association. Health literacy and patient safety: Help patients understand. Chicago, IL: American Medical Association. 2007 Aug.  Anguilm, Chad. ADA accessibility for healthcare websites: how practices can avoid suits and attract patients. The Doctors Company. <https://www.thedoctors.com/articles/ada-accessibility-for-healthcare-websites-how-practices-can-avoid-suits-and-attract-patients/>  Shepard, S. and Cahill, RF. Americans with Disabilities Act: Frequently asked questions. The Doctors Company. <https://www.thedoctors.com/articles/americans-with-disabilities-act-frequently-asked-questions/> |
| **Strategies to Address Limited English Proficiency (LEP)**   * Attend a communication skills training or workshop. * Ask open-ended and probing questions. * Practice active listening without interruption. * Use plain language that is easily understood by your patients; avoid medical terminology and jargon. This is especially important for patients for whom English is a second language.11 * Utilize non-biased decision aids and talking points to effectively enhance the informed decision-making process. These tools can be obtained from various professional organizations like the National Cancer Institute, ACS, and ACP. * Use appropriate professional medical translators for non-English speaking patients. Do not use the patient’s family or friend as a translator. * Provide any handouts to non-English speaking patients in their own language.   11. Warde F, Papadakos J, Papadakos T, Rodin D, Salhia M, Giuliani M. Plain language communication as a priority competency for medical professionals in a globalized world. *Can Med Educ J*. 2018;9(2):e52-e59. Accessed January 4, 2022. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6044302/> |
| **Cultural and Linguistic Determinants**  Cultural and linguistic determinants of care can affect the patient’s ability to adhere to the medication regimen. Cultural competence by healthcare professionals is critically important in order to help eliminate health disparities and social disadvantages for every patient, regardless of ethnicity or race.  Clinicians must understand how each patient’s sociocultural background affects health beliefs and behavior. Understanding these types of social determinants of health will allow clinicians to better care for multicultural populations. A focus on health as opposed to healthcare supports the practitioner in addressing social determinants of health. Screening tools are available to build consideration of social determinants of health into practice. In its FPM Journal blog, the American Academy of Family Physicians outlines “Three Tools for Screening for Social Determinants of Health [Three Tools for Screening for Social Determinants of Health](https://www.aafp.org/journals/fpm/blogs/inpractice/entry/social_determinants.html). |
| **Reducing Risks with Multilingual Patients**  With many patients speaking a language other than English at home, language barriers raise the risk for an adverse event and that can lead to claims from multilingual patients. This can arise from not understanding medication use, the inability to comprehend an informed consent discussion, or being able to follow discharge or treatment plan instructions. When cultures and languages create barriers, physicians are unable to deliver the care they have been trained to provide. Culturally competent care depends on resolving systemic and individual cultural differences that can create conflicts and misunderstandings. If the provider is unable to elicit patient information and negotiate appropriate care, negative health consequences may occur. |
| **Be Aware of Your Potential for Implicit Bias**  Implicit attitudes are thoughts and feelings that can exist outside of conscious awareness, and thus are difficult to consciously acknowledge and control. Negative implicit attitudes contribute to disparities in health and health care. [1]  WJ Hall, et al. systematically reviewed evidence on implicit racial/ethnic bias among health care providers and on the relationships between health care providers’ implicit attitudes about racial/ethnic groups and health care outcomes. They found all but one of fifteen relevant studies demonstrated low to moderate levels of implicit racial/ethnic bias among health care professionals. The results also showed that implicit bias was significantly related to patient–provider interactions, treatment decisions, treatment adherence, and patient health outcomes. [2]  Research has also identified implicit attitudes and beliefs held by providers regarding other groups such as people who are LGBTQ, people with weight, substance use or behavioral health challenges and those faced with social inequalities including limited or no housing, low education and limited English proficiency.   1. <https://www.jointcommission.org/resources/news-and-multimedia/newsletters/newsletters/quick-safety/quick-safety-issue-23-implicit-bias-in-health-care/implicit-bias-in-health-care/> 2. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4638275/ |
| **Addressing Implicit Bias**  Providers who are highly motivated to overcome their implicit biases can effectively manage or change prejudices to prevent them from affecting the quality of care they provide. Some of the skills that help lower implicit bias include: [citation 1]   * ***Perspective-taking:***Taping into empathy, perspective-taking can reduce bias and inhibit unconscious stereotypes and prejudices. Clinician empathy positively affects patient satisfaction, self-efficacy perceptions of control, emotional distress, adherence, and health outcomes. * ***Emotional regulation skills:*** Clinicians who have good emotional regulation skills and who experience positive emotion during clinical encounters may be less likely to view patients in terms of their individual attributes, but rather use more inclusive social categories. It’s easier to empathize with others when people view themselves as being part of a larger group. * ***Partnership-building skills:*** Clinicians who create partnerships with patients are more likely to develop a sense that their patients are on the same “team,” working toward a common goal.   https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3993983/ |