

Helpful Tips for Creating Continuing Education Content that Fulfills AB 241 and AB 1195

The following suggestions will help you and your faculty include content in continuing professional development (CPE) for healthcare providers that complies with the requirements of AB 241 and AB 1195.

Tip 1: Decide if your content will be general or specific to your topic.

General content supports the need for patient care that is inclusive, non-biased, and addresses disparities. Content that is specific to the topic of a presentation provides information directly related to the topic. Overall, content that is specific to the topic is more meaningful to learners.

GENERAL

Implicit Biases Impact Patient Care

- Sensitivity to diversity and inclusion allows providers to deliver compassionate care to all patients.
- Research demonstrates providers have the same level of implicit bias as the general population.
- Biases can influence diagnosis, treatment decisions, and level of care.
- Provider characteristics (gender, race, yrs. experience, where training received) correlate with levels of bias.

FitzGerald C, Hurst S. OMC medical ethics. 2017. 18(1):1-8

Why does linguistic competency matter?

- Patients need to communicate information about health complaints to providers.
- Providers must be able to comprehend and interpret information in order to diagnose and treat patients.
- Providers must convey adequate information to patients to help them take preventative measures.
- 2015 U.S. Census Bureau: At least 350 languages spoken in the US; 1 out of 10 individuals are less than proficient in English.

(Citations can be found on the handout)

The Impact and cost of Health Disparities

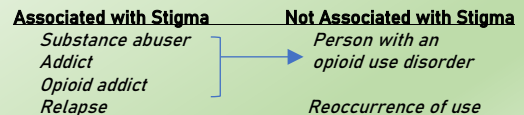
- [Kaiser Family Foundation](#)
 - People of color fair worse than white counterparts on 12.2 health status measures
- [W.K. Kellogg Foundation](#):
 - \$42 billion in lowered productivity
 - \$93 billion in excess medical costs annually
- [American Hospital Association](#):
 - If unchanged, economic burden = \$353 billion in 2050

(Click on each link to be directed to these studies.)

SPECIFIC (Pain Management)

Prescribing Opioids: Stigma and Labeling

- Over 21 million Americans have substance abuse disorder; fewer than 3.8 million are treated annually; 28% of those not treated cite reasons related to stigma for not seeking care.(1)
- Research demonstrates providers' choice of words matters.(2)



Preconceptions about Black Patients in Pain

- Residents and fellows believed black patients:
 - With no prior history of abuse → more likely to have adverse events than white patients.
 - With prior history of abuse → more likely to be involved in diversion
- Physicians tend to **underestimate** chronic and acute pain levels of minority patients and **overestimate** pain levels of white patients.

(Citations are listed on the final slide)

Limited English Proficiency and Pain Rx

- Differences exist in pain assessment by patient language, which impacts management
- LEP trauma patients less likely to be discharged with an opioid prescription or a lower quantity of pills¹²
- **Communication is key! Use these tools:***
 - Visual Pain Scale Chart – pictorial rating of pain level
 - Adult Non-Verbal Pain Scale (NVPS) – quantifies pain levels in patients not able to speak; can be used for LEP patients

**See Resource Sheet for links to these & other tools*

Tip 2: When developing CPE programs, look for opportunities to include content relevant to AB 241.

Here are four content areas that are suitable for content relevant to AB 241.

1. Provider-patient/family communication
 - Consider the potential for communication problems with patients/families who have LEP
 - Identify tools to improve communication with patients/families what have LEP
 - Emphasize the importance of understanding cultural perspectives regarding disease, treatment, and healthcare providers
 - Discuss the potential for implicit bias to effect provider communications and strategies ensure it isn't a barrier
2. Patient education
 - Consider education materials for patients with low language literacy
 - Provide education materials in multiple languages
 - Consider how implicit bias can act as a barrier to patient education
3. Epidemiology and population health
 - Identify at risk populations
 - Determine if there are correlations to health disparities and poor access to care
4. Health systems
 - Identify gaps in services that cause disparities (systemic bias; lack of/inadequate services for patients with LEP)
 - Identify systemic implicit bias

Tip 3: Create lists of sources of CLC/IB information and tools.

Downloadable or printed handouts can be created for your learners. It's always best to include the URL and descriptions of each resource. Here is an example:

Resource	URL	Description
Ask Me 3®	http://www.ihl.org/resources/Pages/Tools/Ask-Me-3-Good-Questions-for-Your-Good-Health.aspx	Designed by health literacy experts, Ask Me 3 is intended to help patients become more active members of their health care team, and provide a critical platform to improve communications between patients, families, and health care professionals.
The impact of racism on clinician cognition, behavior, and decision-making.	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3993983/ Van Ryn M, et al. The impact of racism on clinician cognition, behavior, and clinical decision making. Du Bois review: social science research on race. 2011;8(1):199-218.	Paper explores evidence from several disciplines on the ways racism can interact with cognitive biases to affect clinicians' behavior and decisions and in turn, patient behavior and decisions. Provides recommendations for change.
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/	Article provides tools and strategies to help screen and address social determinants of health.
AHRQ Guide: Improving patient safety systems for patients with limited English proficiency	https://www.ahrq.gov/health-literacy/professional-training/lepguide/chapter1.html#high	Provides evidence-based information on the role of language barriers and their impact on adverse events.

