

Culturally Competent Care

Learning Collaborative Session 2



National Center for Health in Public Housing

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The mission of the National Center for Health in Public Housing (NCHPH) is to strengthen the capacity of federally funded Public Housing Primary Care (PHPC) health centers and other health center grantees by providing training and a range of technical assistance.



Housekeeping Items....



MUTE



CHAT



RAISE HAND



Q&A

Please introduce yourself over chat!

- Name
- Organization
- City, State
- What do you hope to gain from this experience?
- What are you looking forward to this weekend?



Culturally Competent Care Learning Collaborative



Speakers:

- Saqi Maleque Cho, DrPH, MSPH
- Fide Sandoval, CHES
- Jose Leon, MD, MPH

Registration Survey Moodle

Moodle for recordings, slides, handouts, and resources....

Earning CMEs and CEUs

- ✓ Earn 3 continuing education credits per Session
- ✓ Complete all material
- ✓ Pass the posttest with 70% or above
- ✓ Complete the Session Evaluation
- ✓ Print an automatically generated certificate

Session 1 Recap

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

Session 1: Fundamentals of Culturally Competent Care

Session 2: Speaking of Culturally Competent Care

Session 3: Structuring Culturally Competent Care

Session 4: Office Hours

Theme 2: Speaking of Culturally Competent Care

- ✓ **Module 2.1:** Importance of Language Access
Services
- ✓ **Module 2.2:** Models to Provide Language Access
Services
- ✓ **Module 2.3:** Working Effectively with an Interpreter

Speaking of Culturally Competent Care Learning Objectives

- ✓ Describe the role of language in patient-provider communications
- ✓ Identify the legal and policy requirements for providing language access services
- ✓ Describe the business practice issues related to providing language access services and the costs of not doing so

Setting the Stage: Case Study

Nguyen Thi Lien:

Is an 81-year-old Vietnamese female who appears to be in bad health and complains (via her granddaughter as an interpreter) of recurrent pain— likely the result of advanced cervical cancer. She speaks no English. She is covered under her daughter's health insurance with moderate benefits



Providing LAS is Good Medical Practice

Effective medical care requires that patient and provider develop an understanding about disease and its treatment.



Language Access Services Standards

Standard 4: Language access services must be offered at no cost to the patient.

Standard 5: Patients and consumers must be informed of their right to language access services.

Standard 6: Health care organizations must assure the competence of language assistance provided by interpreters/bilingual staff.

Standard 7: Availability of easily understood patient materials and appropriate signage.

HHS Guidance

“The failure of a recipient of Federal financial assistance from HHS to take reasonable steps to provide limited English proficient (LEP) persons with meaningful opportunity to participate in HHS-funded programs may constitute a violation of Title VI and HHS’s implementing regulations.”

Factors to Balance in LEP Services

- Number of LEP persons you may serve
- Frequency with which LEP persons come into the program
- Nature and importance of your services to people's lives
- Resources available to the program and the costs



Steps to Take

- Identify LEP individuals who need language assistance
- Determine how language assistance will be provided
- Identify staff who need to be trained, develop a process for training them, and identify outcomes of the training
- Describe the process to notify LEP persons of available services
- Document a process for monitoring and updating the plan



Responsibilities Under LAS CLAS Standards

- Provide interpreter services at no cost to LEP patients
- Inform patients of their rights to receive LAS
- Ensure competency of interpreters and provide translated materials

Health care providers who only receive Medicare Part B payments are excluded from LAS requirements

State Activities to Promote LAS

States are becoming more involved in LAS and are:

- Passing legislation requiring language access services for LEP patients
- Including statutes and common law rules governing professional malpractice that define liabilities of inadequate communication with patients



Strategies for Providing LAS

- Employ bilingual staff who have other responsibilities but may help with interpretation
- Use staff or volunteer interpreters whose sole responsibility is interpretation
- Use contract interpreters who are normally managed through an agency
- Contact community interpreter services to provide interpretation in a variety of languages
- Arrange services with universities, immigrant services agencies, health departments, community clinics, or other organizations
- See <http://www.diversityrx.org/html/models.htm> for more

Models to Provide Language Access Services

Learning Objectives

- ✓ List components of effective interpersonal communication with LEP individuals
- ✓ Describe the roles of an interpreter
- ✓ Understand characteristics/qualifications for assessing interpreter/translator competency
- ✓ Identify effective language access services regarding written materials

Setting the Stage: Case Study

Maria Gonzalez:

Maria is a 33-year-old Mexican female, in seemingly good health, who speaks little English. She is the mother of Arturo, who overdosed on a handful of Amitriptyline. She works intermittently providing childcare but is currently out of work. She is a recipient of Medicaid benefits.



Interpersonal Communication Best Practices: A Few Examples

- Do not assume that LEP, culturally related behaviors, body language, or other factors mean limited understanding or intelligence.
- Ask the patient how he/she wants to be addressed; for example, some people may be uncomfortable using first names.
- Invite the patient to call you by the name you prefer.
- Do not make assumptions about a patient's health beliefs, attitudes, or behaviors.



Three Main Roles of an Interpreter

- Conduit
- Clarifier
- Culture Broker



Guidance for Using Interpreters

- Federal funds recipients should make LEP persons aware they have the option of having a provider offer an interpreter free of charge.
- Information about interpreter services is available from many sources.
- The National Council on Interpreting in Health Care (NCIHC) developed 32 standards to provide guidance on the qualifications, practice, and roles of the interpreter.

Translation of Written Materials

- Providing LAS includes ensuring appropriate written materials, not just oral interpretation, for LEP patients
- Translated written materials could include:
 - Signage in the office
 - Applications
 - Consent forms
 - Medical treatment instructions
- Translated materials



Wong-Baker FACES Pain Rating Scale

Interpretation vs. Translation

INTERPRETATION: listening to something in one language (source language) and interpreting by means of oral translation into another language (target language)

TRANSLATION: the replacement of text from one language (source language) into an equivalent written text in another language (target language)

Guidance for Assessing Interpreter Competency

- Take reasonable steps to assess whether interpreters:
- Demonstrate proficiency in and ability to communicate information accurately in both languages
- Have knowledge in both languages of any specialized terms or concepts and of any particular vocabulary or phraseology used by the LEP person
- Understand and follow confidentiality/impartiality rules
- Understand regionalisms or differences in language usage
- Understand and adhere to their role as interpreter without deviating into other roles where such deviation would be inappropriate
- Can provide these services in a timely manner

Guidance for Assessing Translator Competency

- Many of the same considerations apply for translators as for interpreters.
- Translators should:
 - Demonstrate competency in both languages
 - Understand the expected reading level of the audience
 - Have fundamental knowledge of target group's vocabulary and phraseology

Working Effectively with an Interpreter

Learning Objectives

- ✓ Describe the components of the triadic interview process
- ✓ List the factors necessary for providers to work effectively with interpreters

The Triadic Interview

- Has three segments:
 - A pre-session
 - An interview
 - A debriefing
- Involves the patient, provider, and interpreter
- Assures that the provider speaks directly to the patient
- Calls for sentence-by-sentence interpretation
- Allows no sidebar conversations

The Triadic Interview Process



The provider should arrange chairs to facilitate communication with the patient.

The provider should face the patient and speak directly to him or her.



Triadic Interview Checklist



Triadic Interview Checklist

Use the following checklist to help prepare for a triadic interview and work effectively with an interpreter:

Before the Interview

- Arrange extra time for the interview.
- Arrange for a trained interpreter.
- Make sure the interpreter and patient speak the same language and dialect.
- Hold a brief meeting with the interpreter.
- Give the interpreter a brief summary of the patient.
- Establish, with the interpreter, goals for the session.
- Establish ground rules.
- Insist on sentence-by-sentence interpretation.
- Explain that the interpreter is not to answer for the patient.
- Invite the interpreter to interrupt or intervene as necessary to ensure understanding.
- Clarify the purpose of the visit.
- Document the name of the interpreter in the progress notes.
- Ask the interpreter to teach you to correctly pronounce the patient's name.

During the Interview

- Remember that you, as the health care provider, not the interpreter, are responsible for the interview.
- Watch the patient, not the interpreter.
- Speak slowly and clearly use simple and straightforward language, and avoid metaphors, jargon and slang.
- Clearly explain medical terminology.
- Observe and evaluate what is going on before interrupting the interpreter.
- Allow the interpreter to ask open-ended questions to clarify what the patient says.
- Ask the patient to repeat instructions.
- Be aware of your own attitudes and shortcomings.

After the Interview

- If necessary (for example, in situations of death and dying or giving bad news), hold a post-interview meeting with the interpreter.
- Examine your procedures in the interview and determine how you might improve them for future triadic interviews.
- Examine your own attitudes in the interview and determine how you might change them for future triadic interviews.

Dr. Rivera: Improved Communication?

- What are the office staff members learning about LAS?
- What are they learning about behavior change?
- How do you feel about the situation?
- How would you handle this if you were Dr. Brown and this was your staff?



Q & A



If you would like to ask the presenter a question, please submit it through the questions box on your control panel.



If you are dialed in through your telephone and would like to verbally ask the presenter a question, use the “raise hand” icon on your control panel and your line will be unmuted.

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 navigation bar with the U.S. Department of Health & Human Services logo and the URL www.hhs.gov. Below this is a secondary bar for the Office of Minority Health with the URL minorityhealth.hhs.gov. The main header area features the United States Department of Health & Human Services logo and the title "A Physician's Practical Guide to Culturally Competent Care". Navigation buttons for "TCH Home", "Update Profile", and "Logout" are visible. The main content area is titled "DVD Test Center Progress Checklist" and includes a photograph of a doctor and a patient. A sidebar on the left contains a "CME/CEU info" section and a "Help / FAQs" section. The main text explains the credit system and provides links to video vignettes and thematic content.

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

A Physician's Practical Guide to Culturally Competent Care

TCH Home Update Profile Logout

DVD Test Center Progress Checklist

CME/CEU info

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](#)



LET US KNOW
YOUR
THOUGHTS!

Upcoming LC session:



LC Session 3: Structuring Culturally Competent Care

Date: November 17, 2020

Time: 3:00 – 4:00 pm EDT

Registration: <https://attendee.gotowebinar.com/register/2441460481591323663>

THANK YOU!

