

## **CALIFORNIA ASSEMBLY BILL 1195 - Cultural and Linguistic Competency**

### **UCI CME Summary and Initiatives for Compliance**

[www.meded.uci.edu/cme](http://www.meded.uci.edu/cme)

#### **Summary of Legislation**

##### **A. Requirement**

California Assembly Bill 1195 requires continuing medical education activities with patient care components to include curriculum in the subjects of cultural and linguistic competency. The bill requires CME providers to develop standards for this curriculum by July 1, 2006.

##### **B. Intent**

It is the intent of the legislature to encourage physicians and surgeons, CME providers in the State of California, and the Accreditation Council for Continuing Medical Education to meet the cultural and linguistic concerns of a diverse patient population through appropriate professional development.

##### **C. Definition**

Cultural competency is defined as a set of integrated attitudes, knowledge, and skills that enables health care professionals or organizations to care effectively for patients from diverse cultures, groups, and communities.

Linguistic competency is defined as the ability of a physician or surgeon to provide patients who do not speak English or who have limited ability to speak English, direct communication in the patient's primary language.

#### **UCI CME Initiatives for Compliance**

The University of California, Irvine School of Medicine Office of CME and the UC Consortium has developed several initiatives to incorporate cultural and linguistic competency into CME activities with patient care components. Compliance with AB1195 will be ensured by including cultural and linguistic elements into the educational content of the program and/or by distributing cultural and linguistic resources to CME program attendees.

Following are initiatives UCI CME Office and the UC Consortium have developed or participated in to nurture compliance with AB1195:

##### **A. Legal Summary**

The University of California, Irvine Office of CME and the UC Consortium have collaborated with a legislative analyst at the UC Office of the President to develop a summary of pertinent laws for inclusion in CME activity materials for programs provided by the UC system.

##### **B. CME Application**

All CME application will now contain the following:

Please select one or more methods you will implement to address cultural competency, defined as a set of integrated attitudes, knowledge and skills that enables health care professionals to care effectively for patients from diverse cultures, groups and communities.

1. \_\_\_ Offer specifically designed and focused activities that include these four elements:
  - A. Applying linguistic skills to communicate effectively with the target population
  - B. Utilizing cultural information to establish therapeutic relationships
  - C. Eliciting and incorporating pertinent cultural data in diagnosis and treatment
  - D. Understanding and applying cultural and ethnic data to the process of clinical care
2. \_\_\_ Incorporate translation/interpretation resources and/or integrate relevant strategies into materials for a CME activity.
3. \_\_\_ Incorporate a review and explanation of relevant federal and state laws and regulations regarding linguistic access.

### C. Speaker Guidelines

The following paragraph was developed to include in course director materials, CME planner materials and speaker letters:

*California Assembly Bill 1195, requires continuing medical education activities with patient care components to include curriculum in the subjects of cultural and linguistic competency. It is the intent of the bill, which went into effect on July 1, 2006, to encourage physicians and surgeons, CME providers in the State of California, and the Accreditation Council for Continuing Medical Education to meet the cultural and linguistic concerns of a diverse patient population through appropriate professional development.*

*It is the expectation that all CME planners and speakers participating in UCI CME activities incorporate linguistic and/or cultural competency issues relevant to the topic of their presentation. Suggested approaches to meet this requirement are as follows:*

- 1) *Include relevant information on differences in prevalence, diagnosis, and treatment of medical conditions in diverse populations.*
- 2) *Apply linguistic skills to communicate effectively with the target population. This may include linguistic translations of common terms in your topic area.*
- 3) *Utilize cultural information to establish therapeutic relationships.*
- 4) *Elicit and incorporate pertinent cultural data in diagnosis and treatment.*
- 5) *Understand and apply cultural and ethnic data to the process of clinical care.*
- 6) *Dedicate one or more sessions of the program to cultural and/or linguistic competencies.*
- 7) *Include recommendations for appropriate cultural and linguistic resources (websites, handouts, reference cards, patient education, tapes/CDs/handbooks, local resources, etc.) in handout materials. Resources are available at <http://cme.uci.edu>.*

A CME planner may offer specifically designed and focused activities within a larger program, or incorporate the elements suggested above into relevant sessions.

### D. Distribution of Resources

The UCI CME office in concert with the UC Consortium has developed a list of resources and handout materials that can be distributed at live conferences. The resource files are also available on our website at [www.meded.uci.edu/cme](http://www.meded.uci.edu/cme) for easy access by planners, course-directors, speakers and participants.

### E. Information in CME Activity Announcements

The following paragraph was developed for inclusion in syllabus materials:

*California Assembly Bill 1195 requires continuing medical education activities with patient care components to include curriculum in the subjects of cultural and linguistic competency. It is the intent of the bill, which went into effect on July 1, 2006, to encourage physicians and surgeons, CME providers in the state of California, and the Accreditation Council for Continuing Medical Education to meet the cultural and linguistic concerns of a diverse patient population through appropriate professional development. The planners, speakers and authors of this CME activity have been encouraged to address issues relevant in their topic area. In addition, a variety of resources are available that address cultural and linguistic competency, some of which are included in your syllabus or handout materials. Additional resources and information about AB1195 can be found on our website at [www.meded.uci.edu/cme](http://www.meded.uci.edu/cme).*

*The following paragraph was developed to include in promotional materials and home-study activities:*

*This activity is in compliance with California Assembly Bill 1195 which requires continuing medical education activities with patient care components to include curriculum in the subjects of cultural and linguistic competency. Cultural competency is defined as a set of integrated attitudes, knowledge, and skills that enables health care professionals or organizations to care effectively for patients from diverse cultures, groups, and communities. Linguistic competency is defined as the ability of a physician or surgeon to provide patients who do not speak English or who have limited ability to speak English, direct communication in the patient's primary language. Cultural and linguistic competency was incorporated into the planning of this activity. Additional resources on cultural and linguistic competency and information about AB1195 can be found on the UCI CME website at [www.meded.uci.edu/cme](http://www.meded.uci.edu/cme).*

#### F. CME Evaluation

The following question addresses cultural and linguistic competency and have been added to the standard UCI CME course evaluation form:

*Issues in cultural and linguistic competency (e.g. differences in prevalence, diagnosis, treatment in diverse populations; linguistic skills; pertinent cultural data) were adequately addressed in this activity:*

*Yes / No*