

California Assembly Bill 1195

California Assembly Bill Number 1195 amending Division 2, Chapter 5, Article 10, Section §2190.1 of the Business and Professions Code. (2005).

Cultural and Linguistic Competency

- ❖ Requires continuing medical education activities with patient care components to include curriculum in the subjects of cultural and linguistic competency.
- ❖ Intended to encourage California physicians and surgeons to meet the cultural and linguistic concerns of an increasingly diverse patient population.



Cultural Competency

- ❖ Cultural competency has been defined as “a set of integrated attitudes, knowledge, and skills that enables a health care professional or organization to care effectively for patients from diverse cultures, groups, and communities.”
- ❖ Cultural competency includes:
 - linguistic skills
 - cultural information to establish therapeutic relationships
 - cultural data in diagnosis and treatment
 - cultural and ethnic data to the process of clinical care





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Linguistic Competency

- ❖ Linguistic competency refers to the ability of a physician and/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.

Continuing
Medical Education





AB 1195: Implications for CME

- ❖ Every CME intervention must contain elements of cultural and/or linguistic competency in accordance with Cedars-Sinai commitment to AB1195 and in support of Accreditation Council for Continuing Medical Education (ACCME) guidelines and recommendations.
- ❖ CME planning document and application must identify samples and/or good faith efforts to comply with AB 1195.

Example: A recent plastic surgery conference included lectures detailing the cultural concerns and surgical issues associated with ethnic rhinoplasty.



Compliance

- ❖ All CME interventions with a patient care component must comply, including:
 - Non-recurring meetings (single or multiple days)
 - RSS (Regularly Scheduled Series)
 - Enduring materials
 - Internet-based CME
- ❖ EXEMPT interventions:
 - Activities dedicated exclusively to research
 - Activities without a patient care components (such as leadership)
 - Activities offered by providers outside California



❖ Content

- Educators should incorporate relevant information that identifies differences in incidence, diagnosis, management and treatment of medical conditions in diverse populations.
- Apply linguistic skills to communicate effectively with the target population. This may include translations of common terms in the topic area.

❖ Supporting Documentation

- Websites, handouts, reference cards, patient education, tapes/CDs/handbooks, local resources.



Summary

- ❖ Providing culturally competent and linguistically appropriate care is an important component of professional development at Cedars-Sinai
- ❖ Incorporating education about these issues into CME activities is mandated
- ❖ Cultural and linguistic competency must be incorporated into the planning of all CME activities at Cedars-Sinai Medical Center



Some AB 1195 Resources

- ❖ Institute for Medical Quality: www.imq.org
- ❖ The Office of Minority Health: www.omhrc.gov
- ❖ National Council on Interpreting in Health Care: www.ncihc.org
- ❖ AMA/AMA Foundation's Health Literacy toolkits, videos, partnerships: www.ama-assn.org/ama/pub/category/8115.html
- ❖ Hablamos Juntos: Improving Patient-Provider Communication for Latinos: www.hablamosjuntos.org



Questions?

- ❖ If you have questions, please contact the Office of CME.
- ❖ The Office of CME is located at 8797 Beverly Blvd., Suite #250, Los Angeles, CA 90048
 - 310-423-5548 phone
 - 310-423-0309 fax

