

Incorporating Cultural and Linguistic Competency into CME - Microsoft Internet Explorer provided by Jim, your Network Guy

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Workshop Updates Contact Home

## IMQ CLC Resources

Incorporating Cultural and Linguistic Competency into CME

### Welcome!

The IMQ Cultural and Linguistic Competency Program offers technical assistance on 42 CFR 1195 compliance. These resources are available to existing CME providers and those interested in offering CME.

[ABOUT THE CULTURAL AND LINGUISTIC COMPETENCY PROGRAM](#)

### CLC Program Staff

Meet [Angela Robinson](#), the Project Administrator for the IMQ CLC Program. Her express purpose at IMQ is to ensure provision of appropriate technical assistance to California based CME providers and others interested in CME.

### Recent News & Updates

- April 13th**  
CLC Regional Workshops in San Francisco and Los Angeles. [More...](#)
- May 11th**  
IMQ held its Annual CME Provider Conference on May 10, 2007. [More...](#)
- July 20th**  
Event Full! Thank you, Mercy Medical Center, Merced! We will hold our July 20th CLC Regional Workshop in Merced. Expect to participate in CLC issues relevant to the Central Valley Region. [More...](#)
- October 5th**  
New Workshop! The date for the [Sacramento](#) CLC Regional Workshop has just been announced.

assistance to California based CME providers and others interested in CME.

October 5th  
New Workshop! The date for the [Sacramento CLC Regional Workshop](#) has just been announced.

### Choose CLC resources according to...

your role in the CME community. Whether you are a CME coordinator, a CME Committee Chair, or a prospective CME provider, feel free to utilize these tools on cultural and linguistic competency.

1. [Introduction to CLC](#)
2. [Introduction to CLC for CME Providers](#)
3. [Introduction to CLC for CME Coordinators](#)
4. [Introduction to CLC for CME Committee Chairs](#)
5. [Introduction to CLC for CME Providers](#)
6. [National Resource for Cultural and Linguistic Competency](#)
7. [State and Regional Resources](#)
8. [Resources for Hospital-based CME Programs](#)
9. [Resources for Organization sponsored CME Programs](#)



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# IMQ CLC Resources

Examples of CME on CLC

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AMERICAN ACADEMY OF FAMILY PHYSICIANS

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## SELF-STUDY CME

- ▶ [Quality Care for Diverse Populations Video](#)
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## Quality Care for Diverse Populations Video

Quality Care for Diverse Populations is a Web-based training program developed by the American Academy of Family Physicians to assist physicians and other health care professionals in becoming more culturally proficient in the provision of care to their patients. The program includes five video vignettes depicting simulated physician-patient visits in an office setting as a means to explore ethnic and sociocultural issues found in today's diverse health care environment.

- [Printer-friendly version](#)
- [Email this page](#)

### Learning Objectives

- Understand how to work collaboratively with medical interpreters;
- Recognize why and when cultural factors related to obesity may be a barrier to doctor-patient communication and patient compliance;
- Identify specific health-based information concerning gay, lesbian, bisexual and transgender (GLBT) populations, including health risks, health disparities and strategies for improvement;
- Identify major stressors related to the process of immigration and

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### QUESTIONS?

CME Production  
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Get the credit you deserve

**EASY  
PAY**

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# QUALITY INTERACTIONS®

A Patient-Based Approach to Cross-Cultural Care

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Quality Interactions—An innovative CME-accredited cultural competency training program for physicians, nurses and health care professionals.

[Learn more about Quality Interactions](#)

[Cultural Competence in Healthcare](#)

## NEWS

**February 6, 2007**  
 Manhattan Cross Cultural Group and Cook Ross, Inc. Align to Provide Comprehensive Cultural Competence Solutions [More >](#)

**November 17, 2006**  
 Aetna Launches Tools to Improve Cross-cultural Awareness. Communication Among Health Care

## PRODUCT OVERVIEW

**New!! Quality Interactions introduces new program for all employees in health care organizations!**

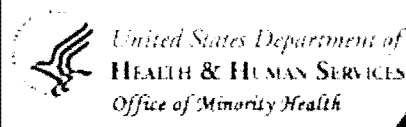
[Read more >](#)

Quality Interactions is the first e-learning program on cultural

## SUCCESS STORIES

Thousands of physicians and nurses have been successfully trained with the Quality Interactions e-learning program. Health care providers from around the country have found the program to be a comprehensive, engaging, and worthwhile experience.

[Find out more](#) about the success stories of organizations who used the



# A Physician's Practical Guide to Culturally Competent Care

Portal Home Course Home Earn Credit

## Course Login

Returning Users  
[Forgot Password?](#)

User Name   
Password

Go

## New User?

Registration is open to physicians, nurses, pharmacists, and all health care professionals.

Register

Registered users may request the DVD supplement to this program.



[Help / FAQs](#)

## Course Information

**A Physician's Practical Guide to Culturally Competent Care** is a continuing medical education activity:

*This continuing medical education activity is jointly sponsored by CME-Med, Inc.*



## Why Culturally Competent Care?

[e-mail a colleague](#)

With the increasing diversity of the United States' population, physicians are more and more likely to encounter situations that require the delivery of culturally competent care, access to a vast array of language services, and supportive healthcare organizations.

Register today to start earning up to 9 free CME credits (Physicians), 9 CNE credits (Nurses) or 9 contact hours (0.9 CEUs) (Pharmacists) while exploring engaging cases and learning about cultural competency in health care.

Below you may view case highlights from this website:

## Case Highlights



**Cultural Fact**  
Within 50 years, nearly half of the

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# CLC Resources

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- [Emergency Medicine](#)
- [Family Medicine](#)
- [Internal Medicine](#)
- [Infectious](#)
- [Nuclear Medicine](#)
- [Obstetrics and Gynecology](#)
- [Ophthalmology](#)
- [Orthopedics](#)
- [Pediatrics](#)
- [Radiology](#)
- [Respiratory](#)
- [Surgical Medicine and Geriatrics](#)
- [Trauma](#)
- [Urology](#)

### Neurology related CLC resources

[Burnett DM, Kolarowski HA, Ben SA, Wojcik JM, Lifu Ds. Impact of minority status following traumatic spinal cord injury. NeuroRehabilitation. 2002;17\(3\):187-94.](#)

[Lind DT, Hays RD, Hays RD, Dale J, Stanger A, Bushnell T, Jorgensen E, Cifu Ds. Ethnographic analysis of traumatic brain injury patients in the national Model Systems database. Arch Phys Med Rehabil. 2003 Feb;84\(2\):263-7.](#)

[Lind DT, Hays RD, Hays RD, Dale J, Stanger A, Bushnell T, Jorgensen E, Cifu Ds. Racial disparities in the use of surgical treatment for intractable temporal lobe epilepsy. Neurology. 2005;64:50-54.](#)

[Lind DT, Hays RD, Hays RD, Dale J, Stanger A, Bushnell T, Jorgensen E, Cifu Ds. Ethnic and Racial Disparities in Emergency Department Care for Mild Traumatic Brain Injury. Acad Emerg Med. 2003; Volume 10, Issue 11: 1209-1217.](#)

[Lind DT, Hays RD, Hays RD, Dale J, Stanger A, Bushnell T, Jorgensen E, Cifu Ds. Racial variation in treatment for transient ischemic attack: impact of participation by neurologists. Health Serv Res. 2000 Mar;34\(7\):1413-28.](#)

[Lind DT, Hays RD, Hays RD, Dale J, Stanger A, Bushnell T, Jorgensen E, Cifu Ds. Racial/ethnic disparities in utilization of lifesaving technologies by medicare ischemic heart disease beneficiaries. Medical Care. 2005;43\(4\):330-337.](#)

[Lind DT, Hays RD, Hays RD, Dale J, Stanger A, Bushnell T, Jorgensen E, Cifu Ds. Racial Disparities in Receipt of Secondary Stroke Prevention Agents Among US Nursing Home Residents. Stroke. 2003;34:2693.](#)

[AHA/ASA: American Heart Association/American Stroke Association](#)

[CDC: AHA/ASA: Racial, Ethnic and Socioeconomic Disparities in Multiple Risk Factors for Heart Disease and Stroke](#)

[CDC: AHA/ASA: Regional and Racial Differences in Prevalence of Stroke--10 States and District of Columbia](#)

[DHHS: NIH National Heart Lung and Blood Institute: Stroke Belt Initiative](#)

[Epilepsy Foundation: US Minorities Not Receiving Equal Treatment in Health Care](#)

[National Institute for Neurological Disorders and Stroke: Health Disparities in Epilepsy Panel](#)

[National Stroke Association: African American and Stroke](#)

[Stroke Awareness Foundation](#)

[Washington University: The Internet Stroke Center](#)





# CLC Resources

By Health Risks, Diseases, Illness

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- [Competency in Health Care](#)
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- [Competency in Health Care](#)







# CLC Resources

By Patient Population

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- [Cultural Competency](#)
- [Cultural Awareness](#)
- [Cultural Sensitivity](#)
- [Cultural Humility](#)
- [Cultural Intelligence](#)
- [Cultural Safety](#)

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# CLC Resources

National CLC Resources

[Workshop Outcomes](#)

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## National CLC resources

[National Center for Cultural Competence](#)  
[National Center for Cultural Competence](#)  
[National Center for Cultural Competence](#)  
[National Center for Cultural Competence](#)

### HRSA Bureau of Health Professionals - Programs to Increase Diversity

[HRSA Bureau of Health Professionals - Programs to Increase Diversity](#)  
[HRSA Bureau of Health Professionals - Programs to Increase Diversity](#)  
[HRSA Bureau of Health Professionals - Programs to Increase Diversity](#)  
[HRSA Bureau of Health Professionals - Programs to Increase Diversity](#)

### National Center for Cultural Competence Health Practitioner Assessment

[National Center for Cultural Competence Health Practitioner Assessment](#)  
[National Center for Cultural Competence Health Practitioner Assessment](#)  
[National Center for Cultural Competence Health Practitioner Assessment](#)  
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## CLC Resources

CLC Workshop: April 13, 2007

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### Synopsis of April 13, 2007 CLC Workshop

"CULTURAL & LINGUISTIC COMPETENCY IN CME: WHERE DO WE BEGIN?"

Carol Havens, MD and Alecia Robinson, MPH, MEd

The initial CLC Regional Workshop was successful, and 11 providers out of 23 expressed their comments in the post workshop survey. Overall satisfaction was high.

Approximately 64% of participants agreed or strongly agreed that session content addressed "...challenges and other AB 1195 issues as they relate" to their own programs. (27% answered "somewhat agree"). 90% of attendees also mentioned that as a result of attending this session, they were very likely or likely to contact the IMQ CLC Program for technical assistance in the future. 72% of attendees commented that they were very likely or likely to change their practices in their CME program after learning AB 1195 implementation skills during the workshop.

Other behavioral changes included, "Set up a meeting of physicians and pertinent individuals in the organization to further develop and implement CLC program in the hospital", "Will check existing activities to see if we already have incorporated CLC aspects...and work with my committee to brainstorm ways to incorporate new CLC information", and "Present the program with an emphasis on CLC in part of the presentation".

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- *Definitions of cultural and linguistic competency*
- *Overview of cultural and linguistic competency in CME*
- *Activity specific "how-to" for addressing CLC in CME*
- *Available CLC resources*

PARTICIPANT COMMENTS & QUESTIONS

*What are workshop participants doing in their programs to integrate CLC into CME?*

1. Adding books on CLC and navigating cultural relationships to their staff library.
2. Medical staff recognized that witnessing and respecting the self efficacy and cultural identity among clinicians (of color) improves overall morale.
3. Approached new funding sources for cultural outreach in osteoporosis prevention and treatment.

*What can be done differently?*

1. One prospective CME provider raised the issue of how important it is to collect sound data in conjunction with training on racism in a hospital or organization.
2. One attendee recommended using California demographics to plan CME activities according to service area cultural differences.
3. A provider suggested CLC training across the professional life course of clinicians.
4. A participant spoke of peer to peer sharing of "Cool ideas...give your 5 best examples of CLC in CME".
5. Suggestions were made to have a "CLC in CME" webinar, a "CLC in CME" list-serv, and a web-based "CLC in CME" group (i.e., yahoo groups).
6. A workshop participant recommended that we provide CLC Pre/Post questions at the CLC workshops.



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TML**