
AB 1195 - CULTURAL AND LINGUISTIC COMPETENCY

DEFINITION: Cultural competency means 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. Linguistic competency means the ability of a physician and 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.

PROCEDURE:

- When planning CME events, planners shall determine if there is a cultural diversity/linguistics component applicable to the topic. Almost without exception there will be something in the literature that is relevant.
- Planners will inform faculty members verbally when inviting and again in the Faculty Confirmation Letter about the requirement to include culturally relative/linguistic information in their presentations.
- CME staff will send to the faculty member a Cultural Diversity Form that outlines the law (AB 1195). The faculty member will be asked to read, sign and return it to the CME Coordinator
- CME Office/activity planner will add the following objective to the flyer and to the evaluation form:

Outline the various components of cultural diversities (gender, age, race, religion, ethnicity, language, sexual orientation, socio-economics, etc.) that relate to demographics, diagnosis and treatment of the disease.

- The CME Office/activity planner/CME Committee will review the evaluation summaries to determine if the faculty covered the objective as listed.