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| SECTION | Approval date: | |
| Office Management | Approved by: | |
| POLICY AND PROCEDURE | Effective date: | |
| Cultural and Linguistics | Revision date: | |

CULTURALLY COMPETENT SERVICES

POLICY:

All patients shall be assessed for cultural and ethnic characteristics that may affect behaviors and treatment. All clinical staff shall demonstrate understanding of cultural and ethnic variances related to illness and care of patients. Every effort shall be made to adapt services to meet specific needs within cultural and ethnic differences. These differences may affect communication, activities of daily living, food practices, beliefs about medicines and healing, responses to pain and touch, birth and death rituals, family relationships and spiritual health practices.

PROCEDURE:

1. All staff shall demonstrate sensitivity to different culture and ethnic backgrounds especially when caring for patients with different cultural and ethnic needs.
2. Providing services to persons with different cultural and ethnic backgrounds:
 - a. The most effective tool in working with patients from other cultural and ethnic background is respect. Patients may pick up quickly when there is a tone of condescension of judgement that comes from a staff person. Negative non-verbal communication is powerful in rendering ineffective care. Be open to understanding the patient's unique perspective and experiences.
 - b. Accept responsibility for any misunderstanding that may occur rather than expecting the patient to bridge the cultural and ethnic gap.
 - c. Do not assume anything about anyone, even though you are "well-read" about the practices of a particular group. Be willing to admit that you do not know. Remember, you are an insider to your own culture and an outsider to another ethnicity and culture.
 - d. If a staff or provider has difficulty working with patients from another culture, that staff or provider must assess and address those barriers when working with patients from that culture.
 - e. The more conscious you are of your own biases, the more open minded and understanding you can be.
 - f. Assume there are good reasons for why patients do what they do. There are often a variety of factors that can influence decisions patients make that you may not be privy to.
 - g. Listen actively and carefully. Listen not only for factual information but closely watch the patient's reaction. Notice what the patient asks about. Stop talking as soon as the patient seems they have something to say. Accept silence as a natural part of conversation.
 - h. Give non-judgmental feedback to be sure you heard what you thought you heard. Be careful about how literal you take things and how literal your statements might be taken.
 - i. Expect to enjoy meeting patients with experiences different from your own. There may be times when we seek out the familiar people and things but cultural venturing can be stimulating and gratifying.
 - j. Notice and remember what patients call themselves. Be a bit on the formal side at first in language and behavior until you are more acquainted. Be sure to remain professional whether more formal or more casual.
 - k. If it appears to be appreciated, act as a cultural guide-coach to the patient. Look for ethnic and cultural guides or coaches, to help you put things in perspective. Ask

questions. Some people appreciate interest in their experiences. Be careful, though, because asking questions may have a judgement tone, implying that the thing you ask is not acceptable.

- I. If someone speaks more loudly than you, or stands more still, adjust your behavior. Watch cultural groups interacting among themselves, and learn what their norms are.
3. What Successful Communicators Never Do
- a. Never make assumptions based on a person's appearance, name, and membership in a group. Do not expect people of a group to look, act and think alike.
 - b. Never show amusement or shock at something that is strange to you.
 - c. Never imply that the established way of doing things is the only way or the best way. This refers to lifestyles, not laws, rules or regulations.

LINGUISTIC SERVICES

POLICY:

According to the Department of Justice, "People who are completely bilingual are fluent in two languages. They are able to conduct the business of the workplace in either of those languages. Bilingual staff can assist in meeting the Title VI and Executive Order 13166 requirement for federally conducted and federally assisted programs and activities to ensure meaningful access to LEP (limited English proficient) persons."

"One of the primary ways that bilingual staff can be used as part of a broader effort to ensure meaningful access is to have them conduct business with the agencies' LEP clients directly in the clients' primary language." "This is sometimes called "monolingual communication in a language other than English."

An interpreter is defined as a person who provides immediate communication of meaning from one language (the source language) into another (the target language). An interpreter is usually a third party who interprets between speakers who speak different languages.

The site has 24-hour access to interpreter services for non-/LEP members and the hearing impaired.

PROCEDURE:

1. Staff shall ensure that interpreter services are made available in identified threshold languages specified for location of site.
2. All personnel providing language interpreter services on site are trained/competent in medical interpretation.
3. The provider/designee shall assess interpreter skills and capabilities of their staff providing interpreter services using at least one or more of the following (please check all that apply):
 - Assessment of interpreter skills may include written or oral assessment of bilingual skills;
 - Documentation of the number of years of employment as an interpreter or translator;
 - Documentation of successful completion of a specified type of interpreter training programs, i.e., medical, legal, court, or semi-technical; OR
 - Other reasonable alternative documentation of interpreter capability as specified below:
