HOW-TO-GUIDE

PROVIDING CLAS



Although a health care provider has medical expertise about treating a disease or condition, a patient knows their own body better than anyone. That's why it's important to learn about an individual patient's experience, cultural beliefs, and health practices. Eliciting and listening to that information in a respectful and compassionate manner is key to providing high-quality care.

You can do this by providing **culturally and linguistically appropriate services** (CLAS), which includes practicing cultural competency.

- **Cultural competency** refers to training that equips health care professionals with practical skills to recognize and respond to patients' cultural beliefs, practices, and communication preferences to improve understanding, adherence, and health outcomes

The following strategies will help you provide culturally and linguistically appropriate services.

EFFECTIVE COMMUNICATION

Culture influences how we communicate and how we interpret others' communication styles.

- Be aware of the **verbal, nonverbal, and written** aspects of communication
- Understand the relationship between communication and **cultural beliefs**
- **Adapt** your communication to each patient, making an effort to understand communication preferences and cues from the patient's perspective

HEALTH LITERACY



Anyone may struggle to understand health information, so communicate health information to all patients in a way that anyone will understand.

- **Use plain, non-medical language.** Use common words that you would use to explain medical information to your friends or family, such as stomach or belly instead of abdomen
- **Use the patient's words.** Take note of what words the patient uses to describe their illness, and use them in your conversation
- **Slow down.** Speak clearly and at a moderate pace
- **Limit and repeat messages.** Prioritize what needs to be discussed, and limit information to three to five key points and repeat them
- **Be specific and concrete.** Don't use vague and subjective terms that can be interpreted in different ways
- **Show graphics.** Draw pictures, use illustrations, or demonstrate with 3-D models
- **Demonstrate how it's done.** Whether doing exercises or taking medicine, a demonstration of how to do something may be clearer than a verbal explanation

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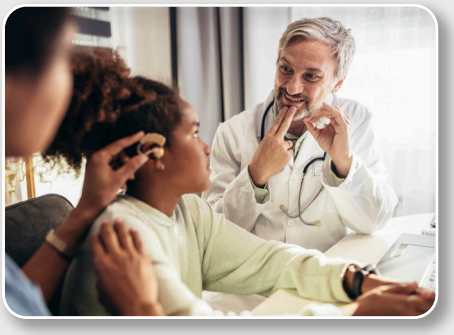
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TEACH BACK METHOD

To make sure your communication has been effective, check understanding using the Teach Back method.

1. **Share information** with the patient and their family in a clear and simple manner
2. **Confirm understanding** by asking them to explain in their own words what they need to know and do. Consider saying, "I want to be sure we are on the same page. Can you tell me …?" or "I want to make sure that I explained things clearly. Can you explain to me what we just talked about?"
3. If they tell you something that is not completely correct, respectfully and patiently **present the information again,** rephrasing it. Then ask them to tell it back to you in their own words again. Repeat this step until their response is complete and satisfactory

LANGUAGE ASSISTANCE SERVICES



To communicate effectively, ask patients for their language needs. If that language is not English, arrange for language assistance services.

- **Oral language assistance:** Is the provision of a qualified interpreter to facilitate any verbal communication between a provider and a patient. This obligation can be met by a qualified and trained interpreter or bilingual or multilingual staff member with standardized linguistic proficiency assessment and interpreting training who provides interpreter services. Interpreter services need to be provided for patients with limited English proficiency, patients who are deaf or hard of hearing, and patients with any other characteristics that make it hard for them to understand oral English communication. Interpreter services may be offered in person, or remote by video conferencing, or through telephone interpreter services. With the exception of emergency situations, you and your organization should not rely on a patient's adult relative to serve as an interpreter. You should discourage the use of minor child relatives to serve as an interpreter as it compromises effective communication, may become a liability risk, and can create a culturally unsafe situation for the patient and/or relative.
- **Written translation:** Is the provision of translated written materials, translated by a qualified translator, for patients with limited English proficiency. Materials can include intake forms, consent forms, education materials, and assessment and diagnostic tests.

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LEARN MODEL

The LEARN model suggests a framework for listening, explaining, acknowledging, recommending, and negotiating health information and instructions.

- **Listen** with empathy for the patient's perception of the problem
- **Explain** your perception of the issue
- **Acknowledge** and discuss differences and similarities
- **Recommend** treatment. Suggest a treatment plan that is developed with the client's involvement
- **Negotiate** agreement. The final treatment plan should be determined as mutually agreeable by both the care provider and client

STRATEGIES FOR LISTENING AND LEARNING



Respectfully eliciting information and questions from the patient, and listening with compassion, will build the trust and give you the information necessary for a productive therapeutic relationship.

- Sit at the same level as the patient, look at them instead of the chart or screen, and **let them speak with few interruptions**
- **Acknowledge the patient** by saying, "You know your body better than I do"
- **Ask questions to better understand how the patient views their health, health care needs, and priorities.** Borrowing from Arthur Kleinman's explanatory model, consider asking: What are your chief complaints? What care do you think you should receive? What are the most important results you hope to receive from care?
- **Invite questions** from the patient. **Answer their questions fully, clearly, and respectfully,** without interrupting.
  - Use the Ask Me 3 method, in which you encourage patients to ask you three questions: What is my main problem? What do I need to do? Why is it important for me to do this?
  - Ask, "What questions do you have?" or "What would you like to know more about?" instead of "Do you have any questions?"

PARTNERSHIP BUILDING AND SHARED DECISION-MAKING

Partnership building means framing the person-provider relationship as one between collaborating equals or as equal members of a team. Shared decision-making means treatment decisions are based on both the provider's and patient's expertise. The HHS Agency for Healthcare Research and Quality's 5 essential steps of shared decision-making are:

1. **Seek** your patient's participation
2. **Help** your patient explore and compare treatment options
3. **Assess** your patient's values and preferences
4. **Reach** a decision with your patient
5. **Evaluate** your patient's decision

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