

**CME REQUEST FORM**

Submitted by: \_\_\_\_\_ Date Submitted: \_\_\_\_\_  
*Department & Person*

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Suggested Topic:**

**To satisfy what need or learning gap identified by physicians?**

**Type of Need for this Program (Circle One):**

**Presumed:** (New technologies, methods, regulations)

**Expressed:** (By physician)

**Demonstrated:** (Data driven, QI/Risk Management)

**Who is the target audience (e.g. specialty)?**

**What desirable physician attributes (core competencies) will be developed?**

**Speaker Suggestion:** (Please provide more than one choice)

**Suggested Date:**

**Can this program incorporate AB 1195 - Continuing Education: Cultural and Linguistic Competency?**

**Objectives (2 or 3):** What do you want the speaker to teach the attendees? Objectives should be SMART (Specific, Measurable, Action Plan, Realistic, Time Sensitive) and have to be communicated to the speaker and the audience.

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

**Commercial Support?** \_\_\_\_\_  
Company Rep. Name Phone

**SUBJECT TO COMMITTEE APPROVAL**

---

### Institute of Medicine Core Competencies

- Provide patient-centered care
- Work in interdisciplinary teams
- Employ evidence-based practice
- Apply quality improvement techniques
- Utilize informatics

### ACGME Core Competencies

- Provide **patient care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
- Demonstrate **medical knowledge** about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.
- **Investigate and evaluate patient care practices**, appraise and assimilate scientific evidence, and improve their patient care practices.
- Demonstrate **interpersonal and communication** skills that result in effective information exchange and teaming with patients, professional associates.
- Demonstrate a commitment to carrying out **professional responsibilities**, adherence to ethical principles, and sensitivity to a diverse patient population.
- Demonstrate an awareness of and responsiveness to the larger context and **system of health care** and the ability to effectively call on system resources to provide care that is of optimal value.

### Compliance with Assembly Bill 1195 - Cultural and Linguistic Competency

Since AB 1195, “Continuing Education: Cultural and Linguistic Competency”, went into effect July 2006, all continuing medical education courses must contain curriculum that includes cultural and linguistic competency in the practice of medicine.

To address **cultural competency**, defined as a set of integrated attitudes, knowledge, and skills that enables health care professionals to care effectively for patients from diverse cultures, groups, and communities, a CME provider may offer specifically designed and focused activities. At a minimum such activities would include these four elements:

- Applying linguistic skills to communicate effectively with the target population
- Utilizing cultural information to establish therapeutic relationships
- Eliciting and incorporating pertinent cultural data in diagnosis and treatment
- Understanding and applying cultural and ethnic data to the process of clinical care

To address **linguistic competency**, defined as the ability of a physician 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, a CME provider may incorporate translation/interpretation resources and/or strategies into materials for a CME activity.

**Expectations:** Providers will make a good-faith effort to comply with Assembly Bill 1195. When developing CME activities, it is important to assess the need for cultural and linguistic competency issues as suitable to each educational subject. Not all issues will apply to all CME activities.

