**All Staff Cultural Competency Checklist**

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**Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Hire Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **Skill Area** | | **Evaluation**  **(Check One)** | | **Method of Evaluation**  **(Check One)**  D = Skills Demonstration  O = Performance Observation  W = Written Test  V = Verbal Test | | | | **Verification**  **(Initials/Date)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Competency**  **Demonstrated/**  **Meets**  **Standards** | **Needs Additional Training** |
| **D** | **O** | **W** | **V** |
| **Use Strategies for Communicating Clearly1** | Greets residents warmly. |  |  |  |  |  |  |  |
| Makes eye contact.  (Consider culture, customs, and beliefs for further guidance on eye contact.) |  |  |  |  |  |  |  |
| Listens actively; doesn’t interrupt. |  |  |  |  |  |  |  |
| Uses plain, non-medical language. |  |  |  |  |  |  |  |
| Uses the resident’s words to describe their illness. |  |  |  |  |  |  |  |
| Speaks clearly and at a moderate pace. |  |  |  |  |  |  |  |
| Prioritizes what needs to be discussed and repeats content. |  |  |  |  |  |  |  |
| Uses specific and concrete terms rather than vague and subjective terms. |  |  |  |  |  |  |  |
| Uses simple pictures and models appropriately. |  |  |  |  |  |  |  |
| Demonstrates how a task is done. |  |  |  |  |  |  |  |
| Invites the resident to participate. |  |  |  |  |  |  |  |
| Encourages questions. |  |  |  |  |  |  |  |
| Confirms residents understand what they need to know and do by asking them to teach back important information. |  |  |  |  |  |  |  |
| **Address Language Differences2** | Identifies language preferences and language assistance needs. |  |  |  |  |  |  |  |
| Uses acceptable language assistance services; *e.g.,* bilingual clinicians whose proficiency has been confirmed, trained interpreters. |  |  |  |  |  |  |  |
| Plans for interpreter services in advance; *e.g.,* care conferences, physician rounds. |  |  |  |  |  |  |  |
| Provides written materials in residents’ preferred languages. |  |  |  |  |  |  |  |
| **Consider Culture, Customs, and Beliefs3** | Respectfully asks residents about their health beliefs and customs. |  |  |  |  |  |  |  |
| Documents health beliefs and customs in medical record. |  |  |  |  |  |  |  |
| Avoids stereotyping based on religious or cultural backgrounds. |  |  |  |  |  |  |  |
| **Religious Customs, Practices and Preferences** | Understands religious preferences and impact on the provision of care – including treatments, notification, refusals, |  |  |  |  |  |  |  |
| **Consider Sexual Orientation/Gender Identity** | Respectful of sexual orientation and preferences |  |  |  |  |  |  |  |
| Respectful of gender identity orientation and preferences |  |  |  |  |  |  |  |
| **Understands Cultural Competence** | Understands cultural competence and impact on provision of care |  |  |  |  |  |  |  |
| Awareness of cultural identity and views about difference |  |  |  |  |  |  |  |

**References**

* Communicate Clearly: Tool #4. Content last reviewed February 2015. Agency for Healthcare Research and Quality, Rockville, MD. <https://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/healthlittoolkit2-tool4.html>
* 2 Address Language Differences: Tool #9. Content last reviewed February 2015. Agency for Healthcare Research and Quality, Rockville, MD. <https://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/healthlittoolkit2-tool9.html>
* 3 Consider Culture, Customs, and Beliefs: Tool #10. Content last reviewed February 2015. Agency for Healthcare Research and Quality, Rockville, MD. <https://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/healthlittoolkit2-tool10.html>

**\*I certify that I have received orientation in the above-mentioned areas.**

**\*Employee:**

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**Initials**  **Signature**  **Date**

**Evaluator/Trainer:**

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**Initials Signature Date**

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