

Implementation of CLAS Organizational Support Standards: Core Concepts, Content Knowledge, and Skills

**Invited Paper
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Introduction:

The purpose of this paper is to provide input for the design of curriculum modules on organizational supports for cultural competence. The target audience for the curriculum modules is family physicians working in primary care as part of a larger primary care team or in private practice. Culturally and Linguistically Appropriate Services (CLAS) standards 8-13 specify the organizational supports recommended by the Office of Minority Health (OMH) to federal, state, and national accrediting agencies as mandates, while CLAS standard 14 is suggested by OMH for voluntary adoption by health care organizations.

When viewed through the lens of Donabedian's classic quality assurance framework of structure, process, and outcome, standards 8-11 can be viewed as emphasizing structure while standards 12-14 can be viewed as emphasizing process. The structural standards (8-11) focus on assessment and measurement and, consequently, do require knowledge and skills in epidemiology and quality improvement for implementation.

Additionally, in order to implement the CLAS organizational support standards in a way that maximizes the likelihood of measurable improvement in the provision of CLAS to patients/consumers, a firm grasp of the organizational behaviors associated with success is also required. The core concepts, knowledge, and skills that family physicians in both direct care and in administrative leadership roles require to assess their organization's effectiveness in supporting CLAS and to contribute positively to continuous improvement in the delivery of CLAS are the focus of this paper.

Figure 1 presents a conceptual model of the relationship among the CLAS organizational support standards (8-14) and suggests that development of a community profile and needs assessment (standard #11) should precede and drive development of the organization's strategic plan for CLAS (standard #8). In addition, the practice of collecting data on the individual patient/consumer's race, ethnicity, and written and spoken language (standard #10) is a necessary prerequisite to conducting initial and ongoing organizational self-assessments of CLAS-related activities (standard #9).

Collaborative community partnerships and patient /consumer involvement in CLAS implementation (standard #12) as well as routine use of culturally and linguistically sensitive conflict and grievance resolution procedures (standard #13) are seen as being both products and drivers of the strategic plan (standard #8). In addition, results of organizational self-assessments of CLAS-related activities (standard #9) provide input for continuous performance improvement vis a vis the definition and implementation of collaborative community partnerships and patient/consumer involvement in CLAS implementation (standard #12) as well as routine use of culturally and linguistically sensitive conflict and grievance resolution procedures (standard #13). Furthermore, public disclosure of CLAS performance (standard #14) provides feedback for revisions to the strategic plan (standard #8).

The implementation model for CLAS organizational support standards that is proposed in Figure 1 is driven by community needs and is strongly process-oriented as reflected by the numerous feedback loops between and among the CLAS standards. The proposed core concepts and associated content knowledge and skills put forth in this paper are grounded in the process-oriented model presented in Figure 1 and in the philosophy of continuous quality improvement.

The next section outlines the core concepts and associated content knowledge and skills that undergird successful implementation of CLAS organizational support standards and explains how the concepts, content, and skills relate to the management discipline of organizational behavior. The final

section of this paper suggests teaching methods and outlines implications for general medical education and residency training of family physicians.

Core Concepts, Content Knowledge, and Skills:

The concepts, content knowledge, and skills required of family physicians working in primary care in both clinical and administrative positions for successful implementation of the CLAS organizational support standards are grounded in the management discipline of organizational behavior.

Organizational behavior focuses on the effect that individual, group, and organizational level behaviors have on organizational performance (Robbins 1998). For health care organizations, in addition to indicators of organizational performance such as employee turnover, absenteeism, satisfaction, and productivity that are studied across industry sectors, health care-specific indicators including patient satisfaction, loyalty, and compliance; treatment outcomes; and the health care organization's impact on community health indicators must also be evaluated and their relationship to individual, group, and organizational dynamics must be uncovered.

Health care organizations that are providing appropriate organizational support for successful implementation of the CLAS standards should evidence no significant differences by race or ethnicity for any of the above-listed indicators of organizational performance. If racial and ethnic differences are found, the organization must uncover the individual, group, or organizational behaviors that are contributing to the disparity and take corrective action.

Whether in a clinical or an administrative role, family practice physicians working in primary care meet the commonly accepted definition of a manager (Robbins 1998).

Clinicians get things done through other people, do their work in organizations, and perform the four functions of management: planning, organizing, leading, and controlling. Health care organizations are loosely coupled and health care professionals, including physicians, have considerable autonomy. Consequently, successful implementation of CLAS organizational support standards is dependent not only upon the administrative leadership but also upon health care professionals, including family practice physicians, whether involved in direct care or medical administration. Thus, family practice physicians must understand the core concepts, have the core knowledge, and practice the core skills at the individual, group, and organizational levels that will result in CLAS, as evidenced by the lack of racial and ethnic disparities in organizational performance.

Tables 1-3 present the core concepts, content knowledge, and skills for successful implementation of CLAS organizational support standards at the individual, group, and organizational levels respectively. Following the general framework for personal change to value diversity proposed by Cox and Beale (1997): awareness, understanding, and action, each core concept (awareness) is presented alongside its associated content knowledge (understanding) and core skills (action).

The proposed approach to defining core competencies assumes that individual family practice physicians must exhibit the core skills identified in Table 1 as a precondition for making positive contributions to organizational behaviors at the individual, group, and organizational levels that facilitate successful delivery of CLAS. The core concepts, knowledge, and skills were defined with reference to the current literature on individual, group, and organizational behaviors that influence performance in the context of community, customer (i.e., patient) and organizational racial, ethnic, and language diversity.

Referenced works included the following:

Alderfer and Tucker (1996); American College of Healthcare Executives, et.al. (1993 and 1996); Baugher, Varanelli, and Weisbord (2000); Bell (1990); Brun (1996); Byrne (1971); Carrell and Mann (1995); Carter and Spence (1996); Chen and Eastman (1997); Cox (1991); Cox and Blake (1991); Cox and Nkomo (1991); Cox and Nkomo (1990); Davidhizar, Dowd, and Giger (1999); Dobbs (1998); Dreachslin (1996); Dreachslin, Hunt, and Sprainer (1999); Dreachslin (1999); Dreachslin, Hunt, and Sprainer (2000); Dreachslin and Agho (2001); Dreachslin, Jimpson, and Sprainer (2001); Ellis and Sonnenfeld (2000); Epting, Glover, and Boyd (1994); Fine, Johnson, and Ryan (1990); Fink, Robinson, and Wyld (1996); Freed (1993); Gerrish, Husband, and Mackenzie (1996); Gerrish (1997); Gerrish (1998); Greenhaus, Parasuraman, and Wormley (1990); Harrison, Price, and Bell (1998); Hartenian and Gudmundson (2000); Helms (1984); Helms (1990); Holzer and Ihlanfeldt (1998); Johnson (1994); Kim (1992); Maznevski (1994); Motwani, Hodge, and Crampton (1995); Muller (1994); Nemetz and Christensen (1996); Nkomo (1992); Oetzel (1998); Pelled, Eisenhardt, and Xin (1999); Richard (2000); Rynes and Rosen (1995); Schwartz and Sullivan (1993); Thomas (1996); Thomas (1999); Thomas (1990); Watson, Johnson, and Merritt (1998); Wallace, Ermer, and Motshabi (1996); Weil and Kimball (1996); Williams (1998); and Wright (1995).

When one or more references define a specific core concept, those references are appropriately cited in the tables. Dreachslin and Agho's (2001) domains and core competencies for diversity leadership were used as a springboard for Tables 1-3. The other references cited above provide general background and research findings used to delineate key concepts, knowledge, and skills needed to successfully implement the CLAS organizational support standards.

Teaching Strategies and Implications for Medical Education and Training:

Active or discovery learning is widely accepted as the most effective approach to transferring theoretical concepts and knowledge to practice. Discovery learning tends to be more effective than didactic presentations when the desired outcome is self-exploration of attitudes and beliefs with consequent changes in behavior. Additionally, exposure to alternative perspectives is essential to the individual change process (Cox and Beale 1997; Dreachslin 1996). Therefore, the optimal approach to teaching the concepts, knowledge, and skills outlined in Tables 1-3 will rely on active learning and group interaction.

The limited available research on diversity training (Rynes and Rosen 1995; Carrell and Mann 1995; Ellis and Sonnenfeld 1994) suggests that transfer of concepts and knowledge conveyed through training to the application of new skills in practice does not generally occur in the absence of long term follow-up on workplace impact. The organizational context in which the diversity-trained individuals practice their profession also appears to have an impact on transfer to practice. Organizational factors associated with the use of new skills include the following: recent increases in workforce diversity, strong top management support, positive incentives for managers who recruit a diverse workforce, multiple diversity friendly policies, and rewards for managers who increase workforce diversity. These findings suggest that training to improve the delivery of CLAS must not be limited to family practice physicians, but must be a broad-based initiative across the health professions and should include health care administrators and staff.

The approach to training for successful implementation of CLAS organization support standards proposed in this paper is compatible with the problem-based learning methods that are receiving increased emphasis in general medical education. It builds on current initiatives to provide aspiring family practice physicians with opportunities to apply skills developed through the medical school curriculum in actual practice settings and suggests that role playing, simulation, and opportunities for residents to apply new skills in organization that evidence best practices in the provision of CLAS are necessary building blocks for an effective education program.

Table 1
Core Individual Level Competencies for Successful Implementation of CLAS
Organizational Support Standards

Core Concepts	Content Knowledge	Core Skills
Role of prejudice, stereotypes, and discrimination in clinical and organizational decision making	Explain connection between perceptual processes and prejudice, stereotypes, and discrimination	Describe the impact of one's own perceptual filters on one's own clinical and organizational decisions Take appropriate action to moderate the impact of one's own perceptual filters on one's own clinical and organizational decisions
Role of intercultural communication competence and culture-specific knowledge in clinical and organizational decision making (Kim 1992)	Summarize research on racial and ethnic disparities in health Summarize research on race, ethnicity and career accomplishments and experiences in health care organizations	Contribute to one's own organization's efforts to eliminate racial and ethnic disparities in organizational performance
Steps in process of individual change: awareness, understanding, action (Cox and Beale 1997) needed to deliver CLAS	Illustrate the progression from awareness to understanding to action in delivery of CLAS	Change one's own clinical and organizational behavior based on growing personal awareness of CLAS
Role of racial and ethnic identity development (Helms 1984; Helms 1990) in clinical and organizational decision making (Dreachslin 1996)	Describe how stage of racial and ethnic identity development influence delivery of CLAS	Take personal action to improve one's own ability to deliver CLAS by considering the relationship between one's own and the patient/client's and/or colleague/staff's stage of racial and ethnic identity development

Table 2
Core Group Level Competencies for Successful Implementation of CLAS
Organizational Support Standards

Core Concepts	Content Knowledge	Core Skills
Relationship between the similarity attraction hypothesis (Bryne 1971) and group performance in delivering CLAS and ensuring CLAS organizational supports	Describe how the similarity attraction hypothesis characterizes the performance of diverse and homogeneous groups Summarize research findings on the similarity attraction hypothesis and the relative performance of diverse and homogeneous groups	As group leader or member, use effective strategies to moderate the impact of similarity attraction on one's own performance in diverse groups and the group's collective performance
Relationship between the information value of diversity hypothesis (see for example, Thomas 1990; Cox 1991; Dreachslin 1996) and group performance in delivering CLAS and ensuring CLAS organizational supports	Describe how the information value of diversity hypothesis characterizes the performance of diverse and homogeneous groups Summarize research findings on the similarity attraction hypothesis and the relative performance of diverse and homogeneous groups	As group leader or member, use effective strategies to enhance the impact of the information value of diversity hypothesis on one's own performance in diverse groups and the group's collective performance

Table 3**Core Organizational Level Competencies for Successful Implementation of CLAS
Organizational Support Standards**

Core Concepts	Content Knowledge	Core Skills
Relationships among the three key supports for delivery of CLAS (three-legged stool): public policy, clinical practice, organizational behavior (Dreachslin 2001)	Explain how public policy, clinical practice, and organizational behavior interact to improve delivery of CLAS	Take personal action to implement changes in public policy, clinical practice, and organizational behavior that will improve delivery of CLAS
Role of organizational culture and climate in delivery of CLAS	Explain how culture and organizational climate provide the context for delivery of CLAS Describe the culture and climate that one would expect to see in an organization that supports delivery of CLAS	Take personal action to improve the culture and climate for delivery of CLAS in one's own organization
Organizational change process to value delivery of CLAS (Dreachslin 1996, 1999)	Describe the steps in the organizational change process to value delivery of CLAS (Discovery, Assessment, Exploration, Transformation, Revitalization) Describe organizational performance indicators for each step in the organizational change process required to deliver CLAS	Take personal action to encourage one's own organization to engage in the change process and improve organizational performance in the delivery of CLAS

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