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by ELIZABETH J. CLARK, PhD, MSW, MPH

You want to be the best practitioner you can be. You have spent years developing your technical proficiency and keeping current with your field. You continuously work to enhance your communication skills. You are a compassionate, caring, and ethical professional. You are also an advocate for your clients, your profession and your community.

You are competent in so many areas, but can you claim that you are culturally competent? What does cultural competency actually mean? Can you define it? Can it be measured? How can you know if you are achieving it?

Before we can define cultural competency, we need to define culture. There are many accepted definitions of culture, but, generally, culture refers to a set of interrelated beliefs, values, languages, behaviors, customs, rituals, communications, and institutions of a racial, ethnic, religious, social or political group.

Culture is especially important in healthcare. It impacts one's definition of health and illness. It affects when and where care is sought, what symptoms are presented, what treatments are acceptable, and how and whether adherence takes place.

The culture of the healthcare professional plays an equally significant role in the client-practitioner exchange. Our own personal attitudes, beliefs, and behaviors may, consciously or unconsciously, influence our interaction with, and care of, our patients. Competence, then, is an indicator of attitudes, knowledge, and skills that enable effective cross-cultural practice. A comprehensive definition of cultural competency is provided by the National Association of Social Workers (NASW, 2015, page 13):

The process by which individuals and systems understand and respond respectfully and effectively to people of all cultures, languages, classes, races, ethnic backgrounds, religions, spiritual traditions, immigration status, and other diversity factors in a manner that recognizes, affirms, and values the worth of individuals, families, and communities, and protects and preserves the dignity of each.

We have become fairly good at defining it, but we also need to be able to document and evaluate it. The Case Management Society of America's recently released Standards of Practice for Case Management (CMSA, 2016) includes a Standard of Cultural Competency (Section M). It states that cultural competency is demonstrated in part by:

- development of a case management plan of care to accommodate each client's cultural and linguistic needs and preferences of service.
- pursuit of professional education to maintain and advance one's level of cultural competence and effectiveness while working with diverse client populations.

Similarly, last year, NASW updated its cultural competency standards and incorporated a companion document on indicators for achieving cultural competency. Now titled the NASW Standards and Indicators for Cultural Competence in Social Work Practice (NASW, 2015), the content is based on the efforts and best thinking of three NASW National Racial and Ethnic Diversity Committees spanning a period of 15 years. It reflects the growth, understanding, and complexity of cultural competency that results from our country's changing demographics and the increased diversity in our population.

The ten standards identified by social work experts as necessary components of cultural competency include:

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8. Professional Education
9. Language Diversity
10. Cross-Cultural Leadership

An interpretation is provided for each standard and is then followed by a set of indicators that practitioners can use to monitor and evaluate both their own practice as well as institutional and regulatory policies. The indicators also can help professionals and agencies set goals for increasing cultural competencies. (To read the document in its entirety, go to www.socialworkers.org > Resources and enter "cultural competency" in the search box.)

The concept of cultural competency continues to be refined. Previously, we spoke in terms of cultural awareness, cultural sensitivity, cultural responsiveness, or cultural proficiency. Today the focus is on being culturally competent, but the newest thinking includes a complement of cultural humility, a life-long commitment to self-assessment and learning (NASW, 2015).

Achieving and maintaining competency is a dynamic process, and each practitioner must take responsibility for learning what she or he doesn't know. Those of us working in healthcare have an ethical obligation to be as culturally competent as we possibly can be. Our patients and clients deserve no less.

Elizabeth J. Clark, PhD, MSW, MPH, is the president of the Start Smart Career Center, which helps women navigate their nonprofit careers. Previously, she was the CEO of the National Association of Social Workers, a position she held for 12 years. Dr. Clark has also served as director of Diagnostic and Therapeutic Services at Albany Medical Center in Albany, NY, and has held associate professorships in Medical Oncology at Albany Medical College and in Health Professions at Montclair State University. She currently serves as the social work advisor for CMSA.

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