Self-reflection checklist:
cultural responsiveness

Optometry AUSTRALIA

For optometrists and optometry practices

Fundamental to being a culturally responsive optometrist is 'knowing yourself'. This checklist is intended to enhance your awareness and sensitivity to the importance of cultural responsiveness in healthcare provision. It provides examples of the kinds of beliefs, attitudes, values and practices which foster cultural responsiveness.

There is no answer key with correct responses. However, if you frequently responded 'not at all', 'rarely' or 'sometimes', you may not necessarily demonstrate beliefs, attitudes, values and practices that display culturally responsiveness.

Checklist may be conducted periodically to assess change over time.

Tip: Use this checklist to prompt interactive discussions during your team meetings or case discussion grand rounds. We encourage all staff to engage in self-reflection.

1. Self-awareness	Not at all	Rarely	Sometimes	Often	Always
I am aware of my own cultural heritage and belief systems	1	2	3	4	5
I am aware of my biases and assumptions	1	2	3	4	5
I am aware of differences within my own cultural group	1	2	3	4	5
I am aware that patients of different cultural backgrounds can receive insensitive and sub-standard health care	1	2	3	4	5
I am aware of that patients can have different perceptions of the role of the optometrist	1	2	3	4	5
I understand that there are both differences and similarities between cultural groups	1	2	3	4	5
I understand that cultural sensitivity and awareness is important when providing health care	1	2	3	4	5
I understand that patients have different worldviews that impact their health-related attitudes, beliefs and practices	1	2	3	4	5

2. Values and attitudes	Not at all	Rarely	Sometimes	Often	Always
Even though my professional or moral viewpoints may differ, I accept individuals and families as the ultimate decision makers for services and supports impacting their lives.	1	2	3	4	5
I recognize that the meaning or value of eye care treatment and health education may vary greatly among cultures.	1	2	3	4	5
I accept that religion and other beliefs may influence how individuals and families respond to illnesses, disease, and death.	1	2	3	4	5
I understand that the perception of health, wellness, and preventive health services have different meanings to different cultural groups.	1	2	3	4	5
I accept and respect that male-female roles may vary significantly among different cultures (e.g. who makes major decisions for the family).	1	2	3	4	5
I intervene in an appropriate manner when I observe other staff or clients within my practice/organisation engaging in behaviours that show cultural insensitivity, racial biases, and prejudice.	1	2	3	4	5

Checklist continued over page

3. Knowledge and education	Not at all	Rarely	Sometimes	Often	Always
I keep abreast of the major eye health and health concerns and issues for diverse client populations residing in the geographic area served by my practice or organisation.	1	2	3	4	5
I am aware of the socio-economic and environmental risk factors that contribute to health disparities or other major health problems of culturally and linguistically diverse populations served by my practice or organisation.	1	2	3	4	5
I avail myself to professional development and training to enhance my knowledge and skills in the provision of services and supports to culturally, and linguistically diverse groups.	1	2	3	4	5
I am aware of specific eye health and health disparities and their prevalence within the communities served by my practice or organisation.	1	2	3	4	5

4. Communication style	Not at all	Rarely	Sometimes	Often	Always
When interacting with individuals and families who have limited English proficiency, I always keep in mind that:					
▪ limitations in English proficiency are in no way a reflection of their level of intellectual functioning.	1	2	3	4	5
▪ their limited ability to speak the language of the dominant culture has no bearing on their ability to communicate effectively in their language of origin.	1	2	3	4	5
▪ they may neither be literate in their preferred language nor in English.	1	2	3	4	5
For individuals and families who speak languages or dialects other than English, I attempt to learn and use key words so that I am better able to communicate with them during assessment, treatment or other interventions.	1	2	3	4	5
I use bilingual/bicultural or multilingual/ multicultural staff, and/or personnel and volunteers who are skilled or certified in the provision of medical interpretation services during treatment, interventions or other events for individuals and families who need or prefer this level of assistance.	1	2	3	4	5
For those who request or need this service, I ensure that all notices and communiqués to individuals and families are written in their language of origin.	1	2	3	4	5
I understand the implications of health literacy within the context of my roles and responsibilities.	1	2	3	4	5
I am flexible and adaptable in my approach when I examine, communicate and manage my patients.	1	2	3	4	5
I seek information from individuals, families or other key community informants that will assist in service adaptation to respond to the needs and preferences of culturally and ethnically diverse groups served by my practice or organisation.	1	2	3	4	5

Checklist continued over page

5. Practice's physical environment, systems, materials & resources	Not at all	Rarely	Sometimes	Often	Always
My practice has a flexible appointment book that can enable longer appointment times if individuals and families require.	1	2	3	4	5
I display pictures, posters, artwork and other decor that reflect the cultures and ethnic backgrounds of clients served by my practice or organisation.	1	2	3	4	5
I ensure that magazines, brochures, and other printed materials in reception areas are of interest to and reflect the different cultures and languages of individuals and families served by my practice or organisation.	1	2	3	4	5
I ensure that printed information disseminated by my practice or organisation takes into account the average literacy levels of individuals and families receiving services.	1	2	3	4	5

This Checklist was adapted from:

1. ASCO Guidelines for Culturally Competent Eye and Vision Care
2. Promoting Cultural and Linguistic Competency Self-Assessment Checklist for Personnel Providing Primary Health Care Services (National Centre for Cultural Competence)

Glossary of terms

Term	Definition
Cultural competence	A set of congruent behaviours, attitudes, and policies that come together in a system, agency or among professionals and enable that system, agency or those professions to work effectively in cross-cultural situations[27].
Culturally and linguistically diverse (CALD)	A broad and inclusive descriptor for communities with diverse language, ethnic background, nationality, dress, traditions, food, societal structures, art and religion characteristics. CALD people are generally defined as those people born overseas, in countries other than those classified by the Australian Bureau of Statistics (ABS) as "main English speaking countries" (i.e. Canada, the Republic of Ireland, New Zealand, South Africa, the United Kingdom and the United States of America.[28]
Culture	Refers to the distinctive ideas, customs, social behaviour, products, or way of life of a particular nation, society, people, or period[29].
Cultural responsiveness	the capacity of clinicians and healthcare organisations to provide care that is respectful of, and relevant to, the health beliefs, health practices, linguistic and cultural needs of patients and communities. (Adapted from Migrant & Refugee Women's Health Partnership 2019)
Cultural safety	Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities. Culturally safe practise is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism. (AHPRA 2020)
Determinant of health	A factor or characteristic that brings about change in health, either for the better or for the worse
Ethnicity	Refers to status in respect of membership of a group regarded as ultimately of common descent, or having a common national or cultural tradition; ethnic character[30]
Health inequality	The generic term used to designate differences, variances and disparities in the health achievements of individuals and groups[31].
Health literacy (individual)	The skills, knowledge, motivation and capacity of an individual to access, understand, appraise and apply health-related information to make effective decisions about health and health care, and take appropriate actions (National Safety and Quality Health Service Standards.)
Migrant/ immigrant	any person who lives temporarily or permanently in a country where he or she was not born, and has acquired some significant social ties to this country (UNESCO 2015).
Reflexivity	An individual's ability to reflect upon and understand how their social position, experiences, attitudes and biases shape their worldview and influence their interaction with others.

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