• We will begin momentarily
• This webinar is being recorded and will be available online next week

• Audio will come through your computer speakers
  • Make sure your speakers are ON and the volume is turned up
  • If you have no sound once the webinar begins, click

• For assistance, send a Chat message to “AAMC”

• Type your questions for the speakers in the “Q&A” panel at the bottom, Send to “All Panelists”
Teaching Medical Spanish to Improve Population Health

February 22, 2018
1:30 - 3:00 p.m. ET
Welcome & Introductions: Sherese Johnson, MPH, PMP

Director, Public Health Initiatives
Association of American Medical Colleges (AAMC)
• This webinar is being recorded and will be available online next week
• Audio should be coming through your computer speakers now
  • Make sure your speakers are **ON** and the volume is turned up
  • If you have no sound, click
  • To request the phone number, click
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• Type your questions for the speakers in the “**Q&A**” panel at the bottom, Send to “**All Panelists**”
Population Health Connect Newsletter

Receive updates on population health activities, curricular resources, and upcoming meetings relevant to the academic medicine community.

Subscribe at aamc.org/cdc
Public Health Pathways

An online searchable database of domestic and international public health training opportunities for:

- Pre-med/Pre-health Students
- Medical/Graduate Students
- Residents/Postdocs
- Early Career Physicians & Scientists

Visit Public Health Pathways at: aamc.org/phpathways
Moderator: Pilar Ortega, MD
University of Illinois Chicago (UIC)

- Directs and teaches the Medical Spanish program for the UIC College of Medicine’s Hispanic Center of Excellence
- Co-founder and President, Medical Organization for Latino Advancement (MOLA)
- Midwest Chair, National Hispanic Medical Association (NHMA)
- MD and EM Residency, University of Chicago Pritzker School of Medicine
Objectives

- Public health impact of language concordance
- Opportunities to teach Medical Spanish
- Sample Program - Benefits & Lessons Learned
- Evaluation and Certification
- Future steps
Panelists

Yumi Turmelle, MD
Washington University in St. Louis

David Acosta, MD
AAMC

Norma Pérez, MD, DrPH
University of Texas Medical Branch

Brenda Robles, BA
National Institutes of Health
Panelist: Yumi Turmelle, MD
Washington University in St. Louis (WUSTL)

- Associate Professor of Pediatrics and Course Master for Advanced Medical Spanish, WUSTL
- Medical Director, Liver Care Center, St. Louis Children’s Hospital
- Chair, Faculty Diversity Committee, WUSTL
- MD, University of Florida
- Pediatric Residency, University of Miami
Panelist: David Acosta, MD

Chief Diversity and Inclusion Officer
Association of American Medical Colleges (AAMC)
Panelist: Norma Pérez, MD, DrPH
University of Texas Medical Branch (UTMB)

- Director, School of Medicine Special Programs, and Bilingual Health Track
- Executive Director, Hispanic Center of Excellence (HCOE)
- Author, Clinical Conversational Spanish for English and Spanish Healthcare Professionals©
- President, Hispanic-Serving Health Professions Schools (HSHPS)
- Universidad de Monterrey (MD) and Universidad Nacional Autónoma de Mexico (PM&R)
- DrPH in International and Family Health, UTHSC School of Public Health
Panelist: Brenda Robles, BA
National Institutes of Health (NIH)

• Manager, Language Interpreters Program (LIP), NIH Clinical Center
• California State Certified Medical Interpreter
• Co-authored The Medical Interpreter/Translator Code of Ethics
Overview of Language Discordance in Medicine

Yumi Turmelle, MD
Washington University in St. Louis
School of Medicine (WUSTL)
Introduction

• Not enough Spanish speaking providers to take care of the limited-English proficiency (LEP) Hispanics

• Disparity in care
Hispanics by the Numbers

HISPANIC POPULATION WILL CONTINUE TO RISE; NON-HISPANIC WHITE POPULATION WILL CONTINUE TO DECLINE

HISPANICS WILL CONTINUE TO ACCOUNT FOR OVER 50% OF FUTURE U.S. POPULATION GROWTH

Source: U.S. Census Bureau, 2014 National Population Projections

Copyright © 2016 The Nielsen Company
Hispanics by the Numbers

Changing Nation
Percent Hispanic of the U.S. Population: 1980-2050

1980: 6%
1990: 9%
2000: 13%
2013: 17%
2020: 19%
2030: 22%
2040: 25%
2050: 28%


United States Census Bureau
Economics and Statistics Administration
U.S. Census Bureau
census.gov

AAMC
Hispanic Physicians by the Numbers

Figure 2. Percentage of U.S. medical school applicants by race and ethnicity, 2015.


- White (25,101)
- Non-U.S. Citizen and Non-Permanent Resident (2,099)
- Unknown Race and Ethnicity (2,439)
- Multiple Race and Ethnicity (3,657)
- Other (1,661)
- Asian (10,122)
- Black or African American (4,087)
- Hispanic, Latino, or of Spanish Origin (3,219)
- Native Hawaiian or Other Pacific Islander (50)
- American Indian or Alaska Native (115)
Figure 7. Percentage of U.S. medical school applicants by Hispanic or Latino subgroups, 2015.

Note: Beginning in 2002, individuals could identify as more than one race. Data included here are only for individuals who identify as Hispanic and do not identify as any other race.

Source: AAMC Data Warehouse: Applicant and Matriculant File, as of Feb. 11, 2016.
Hispanic Physicians by the Numbers

Figure 8. Percentage of accepted U.S. medical school applicants by race and ethnicity, 2014-2015.


- White (11,087)
- Black or African American (1,394)
- Hispanic, Latino, or of Spanish Origin (1,359)
- Native Hawaiian or Other Pacific Islander (17)
- Asian (4,249)
- American Indian or Alaska Native (58)
- Multiple Race/Ethnicity (1,532)
- Unknown Race/Ethnicity (996)
- Non-U.S. Citizen and Non-Permanent Resident (430)
- Other (525)
Hispanic Physicians by the Numbers

Figure 4. Number of U.S. medical school applicants by race and ethnicity, 1974-2015.

Note: Beginning in 2002, individuals could identify as more than one race. For all years presented here, data are included only for individuals who identified with a single race/ethnicity category.

Source: AAMC Data Warehouse: Applicant and Matriculant File, as of Jan. 4, 2016.
Hispanic Physicians by the Numbers

Figure 17. Percentage of U.S. medical school graduates by race and ethnicity, 2015.


2015 Medical School Graduates

- **White (10,992)**
- **Non-U.S. Citizen and Non-Permanent Resident (355)**
- **Unknown Race/Ethnicity (86)**
- **Multiple Race/Ethnicity (1,326)**
- **Other (305)**
- **Asian (3,701)**
- **Black or African American (1,061)**
- **Hispanic, Latino, or of Spanish Origin (854)**
- **Native Hawaiian or Other Pacific Islander (5)**

- **6%** Black or African American
- **5%** Hispanic or Latino
Figure 20. Percentage of full-time U.S. medical school faculty by race and ethnicity, 2015.

Note: To allow for unduplicated counts of faculty, the "Multiple Race – Hispanic" break-out includes all faculty who reported as Hispanic and at least one other race. The "Multiple Race – Non-Hispanic" break-out includes all faculty who are reported as more than one race, but who are not reported as Hispanic.

Source: AAMC Faculty Roster, Dec. 31, 2015. snapshot.
Hispanic Physicians by the Numbers

• Lack of Diversity in medical schools is a common citation by the Liaison Committee on Medical Education

• Little national data on physicians’ Spanish language skills
  • Mostly self-reported
Health Issues Associated with Language-discordance

- Less access to preventive health services
- Poor understanding of instructions or medications
- Longer hospital stays
- Increased risk of medical errors and misdiagnoses
- Decrease patient satisfaction
Language spoken and differences in health status, access to care, and receipt of preventive services among US Hispanics.

DuBard CA¹, Gizlice Z.

### TABLE 2—Prevalence of Selected Health Indicators Among US Hispanics, with Adjusted Odds Ratios (AORs) for Spanish-Speaking Hispanics Relative to English-Speaking Hispanics: Behavioral Risk Factor Surveillance System, 2003–2005

<table>
<thead>
<tr>
<th>Health Indicator</th>
<th>Years Asked</th>
<th>No.</th>
<th>Spanish Speakers, % (95% CI)</th>
<th>English Speakers, % (95% CI)</th>
<th>P</th>
<th>AOR for Spanish Speakers¹ (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No flu shot in past year</td>
<td>2003, 2004, 2005</td>
<td>44,915</td>
<td>81.4 (80.3, 82.4)</td>
<td>75.8 (74.8, 76.8)</td>
<td>&lt;.001</td>
<td>1.37 (1.24, 1.50)</td>
</tr>
<tr>
<td>No pneumonia vaccine ever</td>
<td>2003, 2004, 2005</td>
<td>41,169</td>
<td>84.8 (83.8, 85.9)</td>
<td>82.2 (81.1, 83.1)</td>
<td>&lt;.001</td>
<td>1.23 (1.10, 1.38)</td>
</tr>
<tr>
<td>No dental visit in past year</td>
<td>2004</td>
<td>15,368</td>
<td>50.3 (47.9, 52.7)</td>
<td>35.4 (33.4, 37.4)</td>
<td>&lt;.001</td>
<td>1.64 (1.43, 1.88)</td>
</tr>
<tr>
<td>No sigmoidoscopy or colonoscopy in past 10 y (ages ≥50 y)</td>
<td>2004</td>
<td>4,117</td>
<td>64.6 (59.4, 69.5)</td>
<td>60.8 (56.7, 64.8)</td>
<td>.301</td>
<td>1.00 (0.73, 1.35)</td>
</tr>
<tr>
<td>No mammogram and CBE in past 2 y (ages ≥40 y)</td>
<td>2004</td>
<td>4,512</td>
<td>54.3 (49.8, 58.8)</td>
<td>49.1 (44.2, 52.9)</td>
<td>.109</td>
<td>1.16 (0.90, 1.50)</td>
</tr>
<tr>
<td>No pap smear in past 3 y</td>
<td>2004</td>
<td>7,755</td>
<td>15.9 (13.5, 18.6)</td>
<td>16.3 (14.1, 18.7)</td>
<td>.828</td>
<td>0.89 (0.67, 1.19)</td>
</tr>
<tr>
<td>No PSA test ever (ages ≥40 y)</td>
<td>2004</td>
<td>2,690</td>
<td>61.6 (55.6, 67.3)</td>
<td>49.8 (44.9, 54.6)</td>
<td>.005</td>
<td>1.38 (0.95, 2.00)</td>
</tr>
</tbody>
</table>
Disparities in Care - Worse Outcomes

1605 LEP Latinos with diabetes
Switching to language concordance provider
Results: significant improvement in
  Glycemic controls
  LDL control
Disparities in Care - Poor Understanding of Medications

Observational study for 2 years
Determine adherence of new diabetes medications
Disparities in Care - Decreased Medical Comprehension

Effects of Limited English Proficiency and Physician Language on Health Care Comprehension

Elisabeth Wilson, MD, MPH,1 Alice Hm Chen, MD, MPH,2,3 Kevin Grumbach, MD,1,4 Frances Wang, MS,2,4 and Alicia Fernandez, MD2,4

1Respondents who answered "yes" to the question: "Have you ever had a problem understanding a medical situation because it was not explained in (respondent language)?"
2Results are unadjusted.
3P<.01 for limited English-proficient (LEP) comparison; P>.05 for English proficiency comparison.)
Disparities in Care - Increased Medical Errors


Language proficiency and adverse events in US hospitals: a pilot study.

Divi C¹, Koss RG, Schmaltz SP, Loeb JM.

Table 3  Adverse event Impact characteristics for English speaking and LEP patients

<table>
<thead>
<tr>
<th>Adverse event characteristic</th>
<th>English speaking N (%)</th>
<th>Limited English proficient N (%)</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical harm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No harm</td>
<td>366 (46.1)</td>
<td>89 (40.1)</td>
<td>&lt;0.001*</td>
</tr>
<tr>
<td>No detectable harm</td>
<td>194 (24.4)</td>
<td>24 (10.8)</td>
<td></td>
</tr>
<tr>
<td>Minimal temporary harm</td>
<td>177 (22.3)</td>
<td>58 (26.1)</td>
<td></td>
</tr>
<tr>
<td>Moderate temporary harm</td>
<td>46 (5.8)</td>
<td>43 (19.4)</td>
<td></td>
</tr>
<tr>
<td>Severe temporary harm</td>
<td>7 (0.9)</td>
<td>7 (3.2)</td>
<td></td>
</tr>
<tr>
<td>Severe permanent harm</td>
<td>1 (0.1)</td>
<td>0 (0.0)</td>
<td></td>
</tr>
<tr>
<td>Death</td>
<td>3 (0.4)</td>
<td>1 (0.5)</td>
<td></td>
</tr>
</tbody>
</table>

*Overall statistical significance between ES and LEP on the distribution of physical harm. The concepts represented in this table are derived from the primary classification category of Impact within the PSET [17, 18]. Thirty-eight English speaking cases and 29 LEP cases are missing from the table because those incident reports did not contain enough information to be categorized on this concept.
Disparities in Care – Patient Satisfaction


The effects of language concordant care on patient satisfaction and clinical understanding for Hispanic pediatric surgery patients.

Dunlap JL¹, Jaramillo JD¹, Koppolu R¹, Wright R¹, Mendoza F², Bruzoni M³.

- Families were categorized into three groups:
  - English-speaking
  - Spanish-speaking, interpreter services, English-speaking medical team
  - Spanish-speaking, Spanish-speaking medical team

- Survey Questions:
  - Provider-patient language concordance
  - Quality of understanding
  - General satisfaction

- Results: Higher satisfaction score and understanding with Spanish-speaking medical team
Key Points

- Growing Hispanic population
- No growth of Hispanic physicians
- Increased patient-physician language discordance
  - Impacts the delivery of safe, high-quality care
Medical Spanish Curricula in U.S. Medical Schools

David Acosta, MD
Chief Diversity and Inclusion Officer
Association of American Medical Colleges (AAMC)
National Survey of Medical Spanish Curriculum in U.S. Medical Schools


Raymond Morales, MD, PhD1, Lauren Rodriguez, MD2, Angad Singh, MPH, MD3, Erin Stratta, MD4, Lydia Mendoza, MD5, Melissa A Valerio, PhD6, and Monica Vela, MD7,8

1Department of Pediatrics, Kaiser Permanente, Oakland, CA, USA; 2Department of Emergency Medicine, Emergency Medicine at Henry Ford Hospital, Detroit, MI, USA; 3Department of Family Medicine, University of Washington, Seattle, WA, USA; 4Contra Costa Regional Medical Center, Martinez, CA, USA; 5University of California, Davis, Sacramento, CA, USA; 6Health Promotion and Behavioral Science, School of Public Health, The University of Texas Health Science Center at Houston, San Antonio, TX, USA; 7Department of Medicine, University Of Chicago Pritzker School Of Medicine, Chicago, IL, USA; 8Biological Sciences Learning Center, Chicago, IL, USA.

- LMSA email survey, 39 items, 2012 to 2014
- N = 110/132 medical schools, 83% response rate
National Survey of Medical Spanish Curriculum in U.S. Medical Schools


Raymond Morales, MD, PhD\(^1\), Lauren Rodriguez, MD\(^2\), Angad Singh, MPH, MD\(^3\), Erin Stratta, MD\(^4\), Lydia Mendoza, MD\(^5\), Melissa A Valerio, PhD\(^6\), and Monica Vela, MD\(^7,8\)

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- LMSA email survey, 39 items, 2012 to 2014
- \(N = 110/132\) medical schools, 83% response rate

Table 2. Participating Medical Schools by AAMC Geographic Region

<table>
<thead>
<tr>
<th>AAMC Region</th>
<th>Total number of schools in region*</th>
<th>Schools per region participating in study* n (%)</th>
<th>Participating schools with a medical Spanish curriculum* n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central</td>
<td>31</td>
<td>29 (94)</td>
<td>17 (59)</td>
</tr>
<tr>
<td>Northeastern</td>
<td>35</td>
<td>32 (91)</td>
<td>19 (61)</td>
</tr>
<tr>
<td>Western</td>
<td>17</td>
<td>14 (82)</td>
<td>10 (71)</td>
</tr>
<tr>
<td>Southern</td>
<td>48</td>
<td>35 (73)</td>
<td>27 (77)</td>
</tr>
</tbody>
</table>

*excluding schools in Canada
National Survey of Medical Spanish Curriculum in U.S. Medical Schools

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- 66% (73/110) had medical Spanish curriculum
- 62% (45/73) curriculum for ≥ 5 yrs
- Drivers - LEP populations served & MS interest

Table 3. School Characteristics and Medical Spanish Coursework

<table>
<thead>
<tr>
<th>Coursework exists</th>
<th>Coursework does not exist</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical school (n=110)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public</td>
<td>30</td>
<td>15</td>
</tr>
<tr>
<td>Private</td>
<td>43</td>
<td>22</td>
</tr>
<tr>
<td>LEP state status (n=110)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High (6 states)</td>
<td>26</td>
<td>11</td>
</tr>
<tr>
<td>All other states</td>
<td>47</td>
<td>25</td>
</tr>
</tbody>
</table>
National Survey of Medical Spanish Curriculum in U.S. Medical Schools

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- 66% (73/110) had medical Spanish curriculum
  - 62% (45/73) curriculum for ≥ 5 yrs
- 32% (12/37) with no curriculum planned to institute within 2 yrs
- 27% (10/37) had previous curriculum but discontinued
# National Survey of Medical Spanish Curriculum in U.S. Medical Schools

*J Gen Intern Med 2015;30(10):434-439*

Raymond Morales, MD, PhD¹, Lauren Rodriguez, MD², Angad Singh, MPH, MD³, Erin Stratta, MD⁴, Lydia Mendoza, MD⁵, Melissa A Valerio, PhD⁶, and Monica Vela, MD⁷,⁸

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<table>
<thead>
<tr>
<th>Instructional Modality</th>
<th>Number (Percent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multiple modalities</td>
<td>56/67 (84%)</td>
</tr>
<tr>
<td>Didactic</td>
<td>60/67 (90%)</td>
</tr>
<tr>
<td>Student-to-student role play</td>
<td>46/67 (69%)</td>
</tr>
<tr>
<td>Standardized patients</td>
<td>31/67 (46%)</td>
</tr>
<tr>
<td>Clinical encounters w/patients</td>
<td>23/67 (34%)</td>
</tr>
<tr>
<td>Immersion experiences</td>
<td>29/67 (43%)</td>
</tr>
<tr>
<td>Other</td>
<td>Interpreter shadowing, online modules, case discussions, interpreter OSCE</td>
</tr>
</tbody>
</table>
National Survey of Medical Spanish Curriculum in U.S. Medical Schools

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- Course credit offered – 62% (41/66)
- Other: certificate of completion, letter in personal file, mentioned in dean’s letter
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• Course credit offered – 62% (41/66)
  • Other: certificate of completion, letter in personal file, mentioned in dean’s letter

• Evaluation – Pre-course
  • Pre-course language proficiency – 21% (14/66)
Accurc of Self-Assessed Spanish Fluency in Medical Students

Daniel S. Reuland
Division of General Medicine and Clinical Epidemiology and the Center for Latino Health, University of North Carolina, Chapel Hill, North Carolina, USA

• Determine the accuracy of medical student’s self-assessed Spanish fluency
• N = 102 participants, Spoken Language Evaluation (standardized language fluency test, ALTA)
• Results:
  • 12% tested below their self-assessed level
  • 75% tested at their self-assessed level
  • 13% tested above their self-assessed level
• Predictive value of self-assessment for having at least that fluency level was 88% (95% CI = 80, 94)
National Survey of Medical Spanish Curriculum in U.S. Medical Schools

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- **Course credit offered** – 62% (41/66)
  - Other: certificate of completion, letter in personal file, mentioned in dean’s letter

- **Evaluation – Pre-course**
  - Pre-course language proficiency – 21% (14/66)
  - Multiple level curriculum – 59% (39/66)

- **Evaluation – Post-course**
  - Oral exam – 47% (31/66)
  - Written exam – 39% (26/66)
  - Other – OSCE (12/66), attendance/self-assess (7/66)
75% (51/68) reported their students conducted patient interviews in Spanish or that students served as interpreters.

- 57% (29/51) did not require any proof of language fluency.
- 14/51 required proficiency or interpreter certification tests.
75% (51/68) reported their students conducted patient interviews in Spanish or that students served as interpreters

- 57% (29/51) did not require any proof of language fluency

- 14/51 required proficiency or interpreter certification tests

Call for research, policies and adoption of required language fluency testing that is standardized & already tested across non-healthcare industries
Urban Universities for HEALTH
www.uuuhealth.org
Sample Institutional Goals

- Promote equity in educational pathways to health and science careers
- Increase the diversity of the leadership, faculty, and student body in the health professions
- Integrate cultural competence and population health within health professions education
- Graduate health professionals who will work with medically underserved populations and/or high-need specialties to improve access to care
Select the indicators you would like to measure for **Strategy 2: Increase linguistic diversity among students**

**Indicator 1**: Enrollment of students who speak a foreign language

- Percent of incoming students who speak one or more languages other than English, by health professions program

**Indicator 2**: Graduates’ foreign language proficiency

- Percent of health professions graduates who have learned another language in training, by health professions program
Brief Q&A Session

Type your questions in the ‘Q&A’ panel at the bottom right of your screen and send to “All Panelists.”
Medical Spanish Program at an Academic Medical Center

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University of Texas Medical Branch (UTMB)
Background/Timeline

- **POM HABLE** 2005
  - 1 course
  - 8 students
  - Lack of teaching Spanish-speaking faculty & student demand

- **Build BHT** 2009

- **Design CCS** 2010-2012

- **BHT, non-track, and non-UTMB students**

- **2013-BHT Official track**

- **100+ students pursuing track**
  - 5 POM HABLE groups
  - 10 students per group
  - Graduate ~ 8-10 scholars/year

- **BHT students**
  - Advanced and Beginners

- **CCS Approved and copyrighted** 2013

- **Approved CCS 2016**
  - ½ Clinic and ½ Online

- **BHT student and non-track students**
  - Basic Advanced and above speakers

- **CCS VSAS Status** 2017
  - BHT, non-track, and non-UTMB students

- **Meet student, university and population need**
Course Objectives

- Communicate clearly and effectively in Spanish using simple and practical vocabulary as well as meaningful medical terminology.
- Demonstrate proficiency in employing the Spanish language in a Full Medical History taking and Physical Exams.
- Demonstrate an understanding and appreciation of cultural differences in the health perceptions of Spanish-speaking patients.

Requirements

- There are no formal pre-requisites for the course. However, since this is an online medical language course, I recommend that the student have at least three years of high school Spanish or equivalent and be proficient orally at a minimal of basic high or intermediate-basic level.
Housed in Blackboard

Pretest, Posttest, Program Evaluation Survey

Learning Modules
Module 1: Greeting the Patient
Module 2: Taking a Full Medical History
  Part 1 - Chief Complaint and History of Present Illness
  Part 2 - Past Medical History and Past Surgical History
  Part 3 - Family History and Social History
Module 3: Review of Systems
Module 4: Physical Exam

Module 5: Diagnosis and Patient Medication Instructions
  Part 1 - General Treatment, Testing, and Follow-up
  Part 2 - Review of Condition - Diagnosis
  Part 3 - Medical Therapy and Patient Instructions

Module 6: Special Populations
  Part 1 - OB-GYN
  Part 2 - Geriatrics
  Part 3 - Psychiatry

Learning Resource Center
  Spanish Basics, Grammar, Anatomy, Medical Terminology, The Culture

Online Tools
  Online English-Spanish translator, Spanish Dictionary, etc.

Full Medical History in Spanish
## Weekly Planner

<table>
<thead>
<tr>
<th>Week</th>
<th>On Your Own</th>
<th>Required Activities</th>
<th>Videoconference Mandatory Sessions</th>
<th>Resources</th>
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</thead>
<tbody>
<tr>
<td>Week 1</td>
<td>1. Take pre test. This must be completed on the first day of elective.</td>
<td>1. Take tests in LRC and Module 1</td>
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<tr>
<td></td>
<td>2. Review all LRC sections:</td>
<td>2. Submit 1st Mini-video. Must include:</td>
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<tr>
<td></td>
<td>• Basic Spanish (test)</td>
<td>• CC</td>
<td>Review taped interviews and</td>
<td>The Hispanic Center of Excellence (HCOE) has Spanish language and medical</td>
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<tr>
<td></td>
<td>• Grammar (test)</td>
<td>• HPI</td>
<td>provide peer feedback on taped</td>
<td>Spanish resources to loan out.</td>
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<tr>
<td></td>
<td>• Medical Terminology (test)</td>
<td>• PMH, SH, FH</td>
<td>interviews</td>
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<tr>
<td></td>
<td>• Culture</td>
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<td></td>
<td>• Anatomy</td>
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<td></td>
<td>3. Review Module 1</td>
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<td></td>
<td>4. Record 1st Mini-video on CC, HPI, PMH, SH, FH</td>
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<td>Week 2</td>
<td>1. Continue to review LRC sections</td>
<td>1. Take Module 2 tests</td>
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<td></td>
<td>2. Review all three sections of Module 2</td>
<td>2. Submit 2nd Mini-video. Must include:</td>
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<td></td>
<td>3. Record 2nd mini-video on 3 ROS, DX and Patient medication instructions</td>
<td>• 3 ROS pertinent to case</td>
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<td></td>
<td></td>
<td>• Diagnosis and Patient Medication Instructions</td>
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<tr>
<td>Week 3</td>
<td>1. Continue to review LRC sections</td>
<td>1. Take Modules 3, 4, and 5 tests.</td>
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<td></td>
<td>2. Review Module 3, 4, and 5</td>
<td>2. Submit 3rd Mini-video. Complete History on 30 year</td>
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<td></td>
<td>3. Record 3rd Mini-video on 30 year old female. MUST include complete OB/GYN history.</td>
<td>old female. MUST Include OB/GYN history</td>
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<td>Review taped interviews and provide peer feedback on</td>
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<td>taped interviews</td>
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<tr>
<td>Week 4</td>
<td>1. Continue to review LRC sections</td>
<td>1. Take Module 6 tests</td>
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<tr>
<td></td>
<td>2. Review Module 6</td>
<td>2. Submit full medical history video. Video must include</td>
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<tr>
<td></td>
<td>3. Record full medical history video (final video)</td>
<td>all sections of the history</td>
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<td>3. Complete overall course posttest and program evaluation survey</td>
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<td>Review taped interviews and provide peer feedback on</td>
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<td></td>
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<td>taped interviews</td>
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Note: Videoconference sessions area MANDATORY of the course and scheduled according to faculty and student availability. Student must upload free version of Skype Business. Student must have microphone and camera to join videoconference.
## Assessment Summary

<table>
<thead>
<tr>
<th>Component</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Pretest and 15 Module Tests</td>
<td>40%</td>
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<tr>
<td>3 Taped Encounters</td>
<td>20%</td>
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<tr>
<td>Video #1: CC, HPI, PMH, FH, SH</td>
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<tr>
<td>Video #2: Review of System of your choice (preferably regarding your clinical case) with a minimum of 3 systems and Diagnosis and Patient Medication Instructions</td>
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<td>Video #3: OB/GYN</td>
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<tr>
<td>Each video up to 5 minutes long</td>
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<tr>
<td>Video #4: Final video is a Full Medical History</td>
<td>20%</td>
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<tr>
<td>Up to 20 minutes long</td>
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<tr>
<td>Posttest</td>
<td>20%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
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Quantitative Data - Program Course Evaluation

Academic Years: 2013-2017 a total of 108 students have taken the course.

- Program Course Evaluation: 61 responses
  - 88.5% - MS4
  - 11.5% - MS3
- Level of Spanish proficiency:
  - 42.9% - Basic
  - 28.6% - Intermediate
  - 28.6% - Advance
- Course content was useful and relevant to clinic
  - 66.7%
- Do you believe Clinical Spanish should be a mandatory elective?
  - 57.1% - Yes
  - 42.9% - No
- Why did you choose this course?
  - 52.4% - Career development
  - 38.1% - Personal interest
  - 9.5% - Time offered
Qualitative Data - Program Course Evaluation

• “I think this course is not only helpful for anyone with a Spanish-speaking background but also would be helpful to all students since we live in a state with a large Spanish-speaking population. The class was extremely beneficial while also being fun, allowing for open dialogue and many opportunities to ask questions and receive feedback.”

• “This course was extremely useful and I wish we could integrate it or some form of it into our curriculum as many of our patients in Texas speak Spanish.”

• “I found the required taped interviews for key to mastering Spanish vocabulary and grammar.”

• “The content of this course was very useful. I learned new vocabulary that I will use without a doubt in the hospital. It helped me learn expressions that will give me more information during patient interviews. Overall, it was an excellent course and I will be recommending it to other classmates.”

• “Great course! It was such a great experience to use and speak Spanish. I feel less shy now about speaking Spanish. Thank you!”

• “Very useful course for both native and non-native speakers to refine their medical vocabulary and practice the language in a relaxed environment. I feel more prepared in terms of being able to communicate with my patients in both the hospital and clinical settings.”

• “LOVED this class! So helpful and well structured. Great modules with easy to access resources for the beginner and advanced Spanish speaker. This class will be one of my most remembered during medical school.”

• “Overall, I very much enjoyed this course and was very happy with how much my Spanish improved over the month!!”

• “I loved this course! It was so helpful in preparing for residency and my future practice as a physician.”

• “This course is invaluable in developing Spanish-speaking skills that can immediately be applied in the clinic setting. This course is useful for people of all Spanish proficiency levels. In the video conferences, it was easy to see improvement in students with low proficiency and even students who were already fluent in Spanish. I cannot recommend this course highly enough.”
Challenges and Lessons Learned

Challenges

• Technology
  • Be available to answer to program glitches
  • Constant upgrade/maintenance of the course
• Faculty
  • Recruitment of bilingual faculty
  • Few bilingual faculty

Lessons Learned

• Act on students needs
• Keep groups small
• Open to course modifications and growth
Best Practices and Dissemination

Best Practices

- Identification of gap in career development – Clinical Conversational Practice
  - Preclinical years use of History checklist to practice of clinical conversation in clinical years before residency
- Provides student to practice in discipline of choice (pursuing specialty)
- Video practices/scenarios provides more in-depth comprehension
- Positive student feedback gave rise to the Hybrid ½ clinical and ½ online Immersive Clinical Spanish course
- Applicable to other clinical areas

Dissemination

- Sell of CCS course with the option to follow own course of application
- Manuscript under review
Additional Information

• Bilingual Health Track webpage: utmb.edu/HCOE/BilingualHealthTrack/

• Clinical Conversational Spanish You tube link: youtu.be/VewvNbLjjL4

• Inquiries or purchasing, please contact:
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  noaperez@utmb.edu
  409.772.3558
Medical Spanish: Interdisciplinary Partnerships between Bilingual Physicians and Medical Interpreters

Brenda Robles, BA
National Institutes of Health (NIH)
Understanding the Mission/Vision of your Institution regarding LEP and Multilingual Resources

- Does your institution have a Language Access Plan?
- Do you have a Professional Language Interpreters Program (LIP)?
- How do bilingual providers contribute their linguistic skills?
The Bilingual Physician

Important considerations:

• Fluency: heritage learner, native speaker, or a second language learner
  • Basic
  • Intermediate
  • Advanced Proficiency

*In the healthcare setting, Spanish fluency in medical terminology is crucial in ensuring successful communication.
The Bilingual Physician

Important considerations:

• How will bilingual skills be used?
  • General scope
  • Specialty driven
  • Research focused

• How will delivery of language services be documented?

• Recognizing strengths and limitations is crucial
The Medical Interpreter

- Adheres to Code of Ethics, certification requirements, and serves strictly as a conduit
- Trained to listen, decipher, re-compose, and render messages from source to target language
- Has excellent command of medical/legal vocabulary, idiomatic expressions, and register
- Strives to preserve the spirit and intent of the source message
- Is objective and will not interject opinion
- Serves as a cultural broker and advocate
- Maintains on-going training requirements
Partnering with Interpreters

- Follow the medical language training program of your institution
- Seek guidance from the LIP to:
  - Raise awareness of LEP needs
  - Brand communication as a patient right, compliance, and safety issue
  - Increase patient satisfaction
- Partner with the LIP for discipline specific trainings
- Involve the LIP in patient education and recruitment initiatives
- Ensure that patient materials are translated into Spanish
Q&A Session

Type your questions in the ‘Q&A’ panel at the bottom right of your screen and send to “All Panelists.”
Closing Remarks

Sherese Johnson, MPH, PMP  
Director, Public Health Initiatives  
AAMC
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