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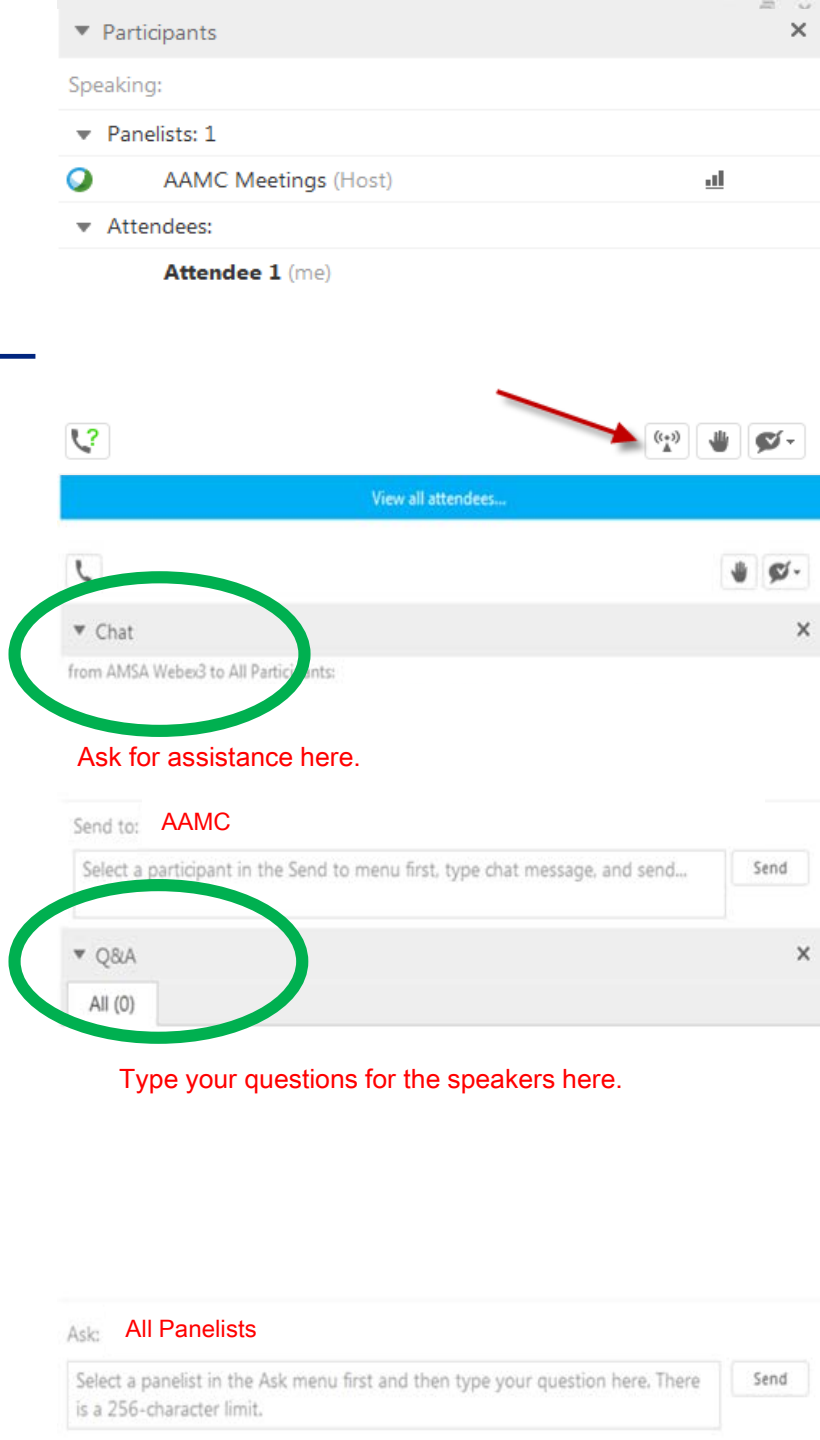

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Tomorrow's Doctors, Tomorrow's Cures

Learn
Serve
Lead

Teaching Medical Spanish to Improve Population Health

February 22, 2018
1:30 - 3:00 p.m. ET

Association of
American Medical Colleges

Welcome & Introductions: Sherese Johnson, MPH, PMP

Director, Public Health Initiatives
Association of American Medical Colleges (AAMC)

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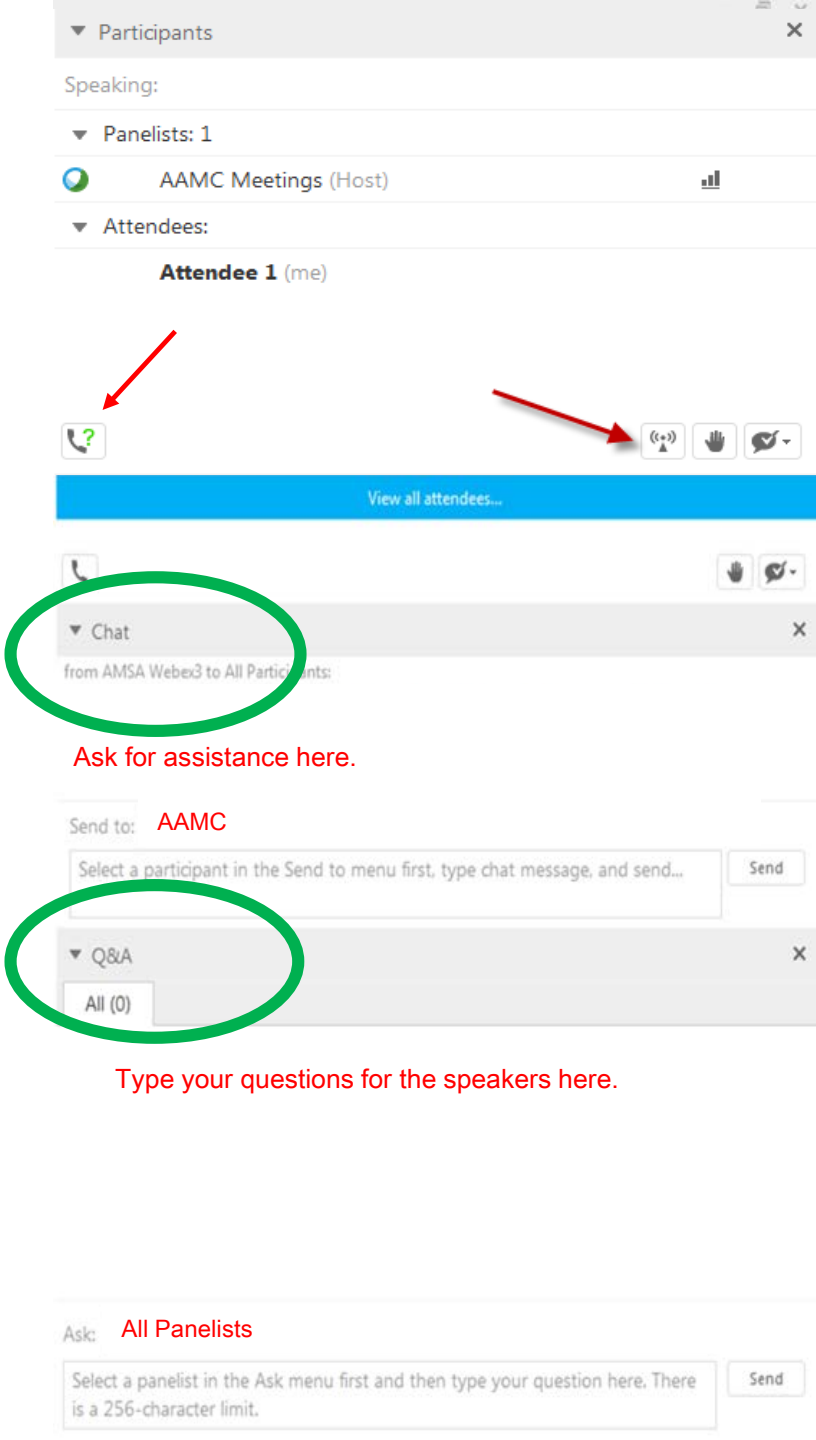

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Moderator: Pilar Ortega, MD
University of Illinois Chicago (UIC)

- 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

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Objectives

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

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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

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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

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Panelist: David Acosta, MD

Chief Diversity and Inclusion Officer
Association of American Medical Colleges
(AAMC)

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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

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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

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Overview of Language Discordance in Medicine

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

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Introduction

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

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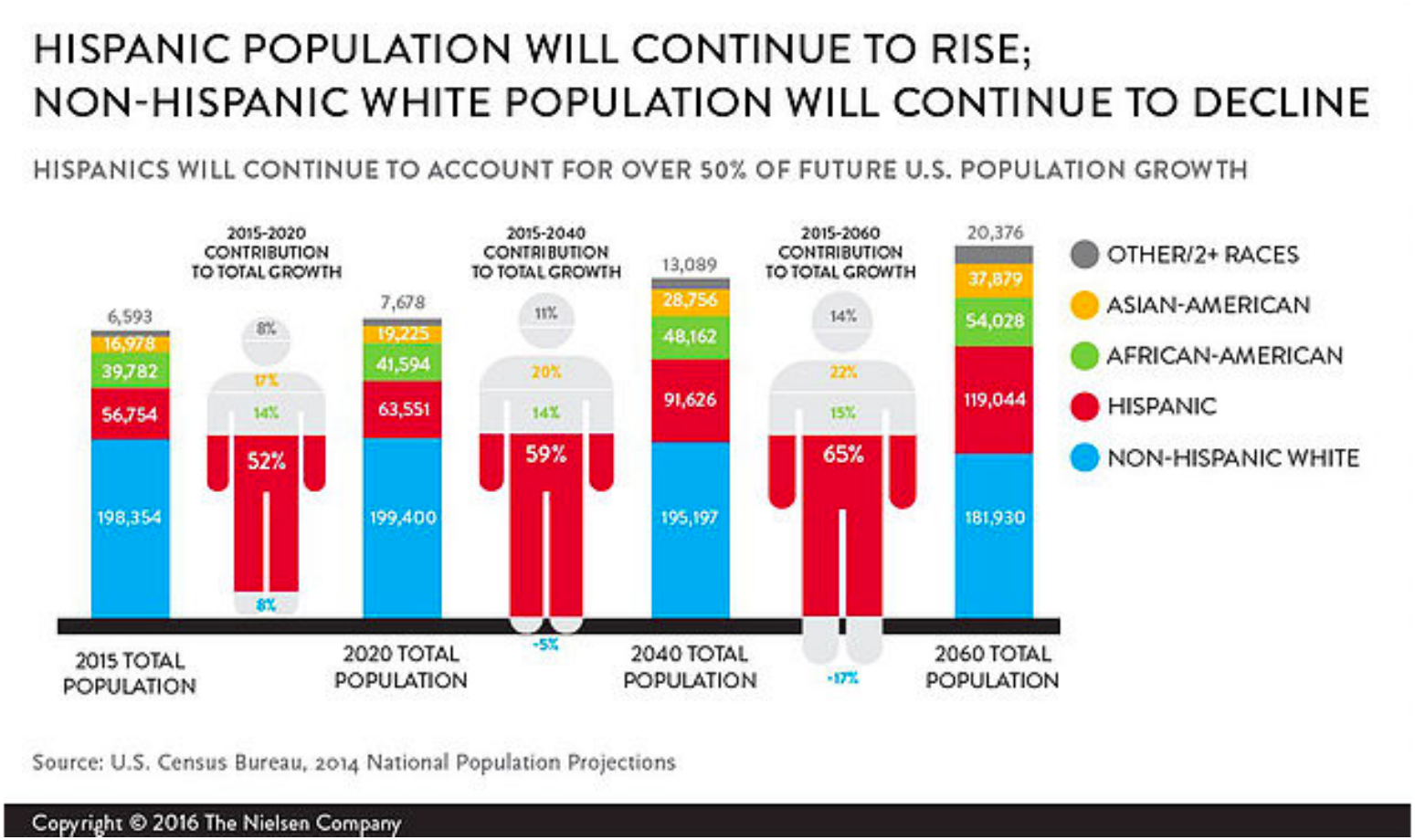
Hispanics by the Numbers



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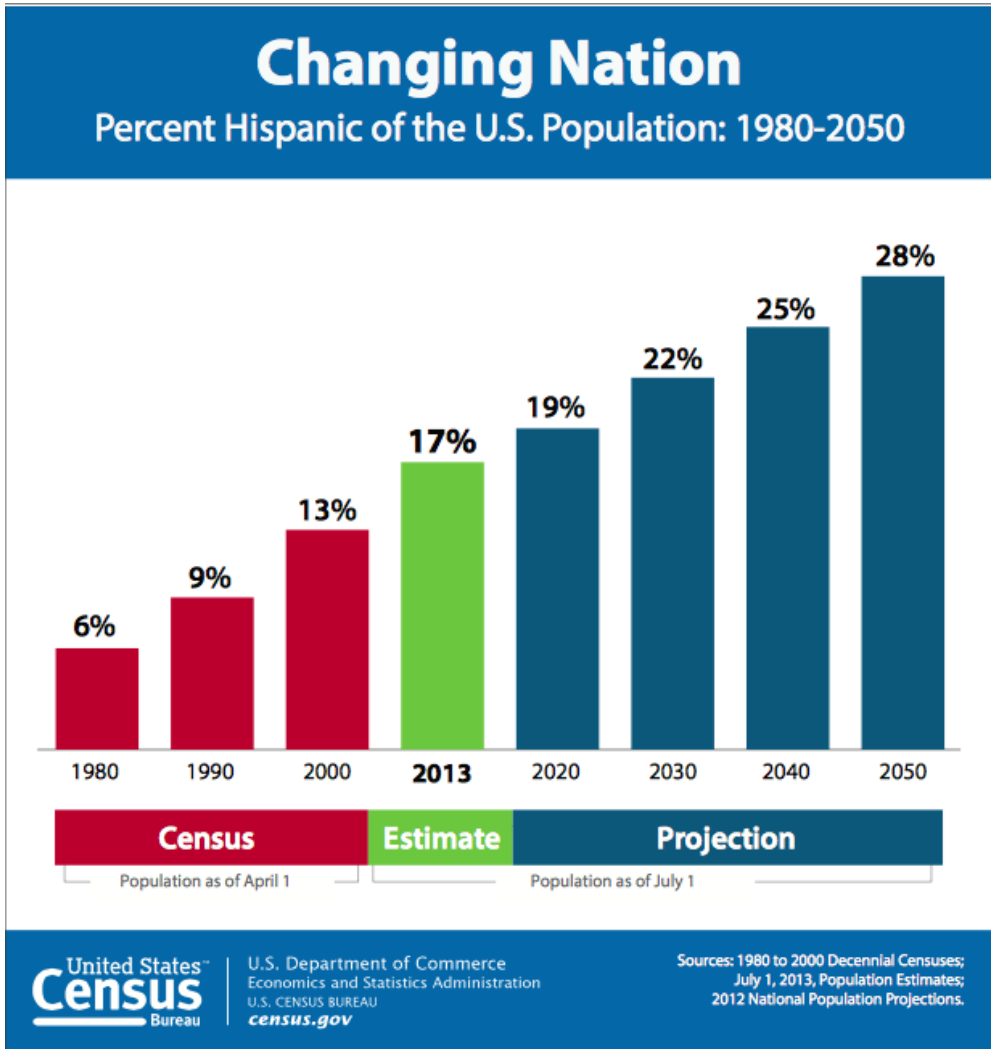
Hispanics by the Numbers



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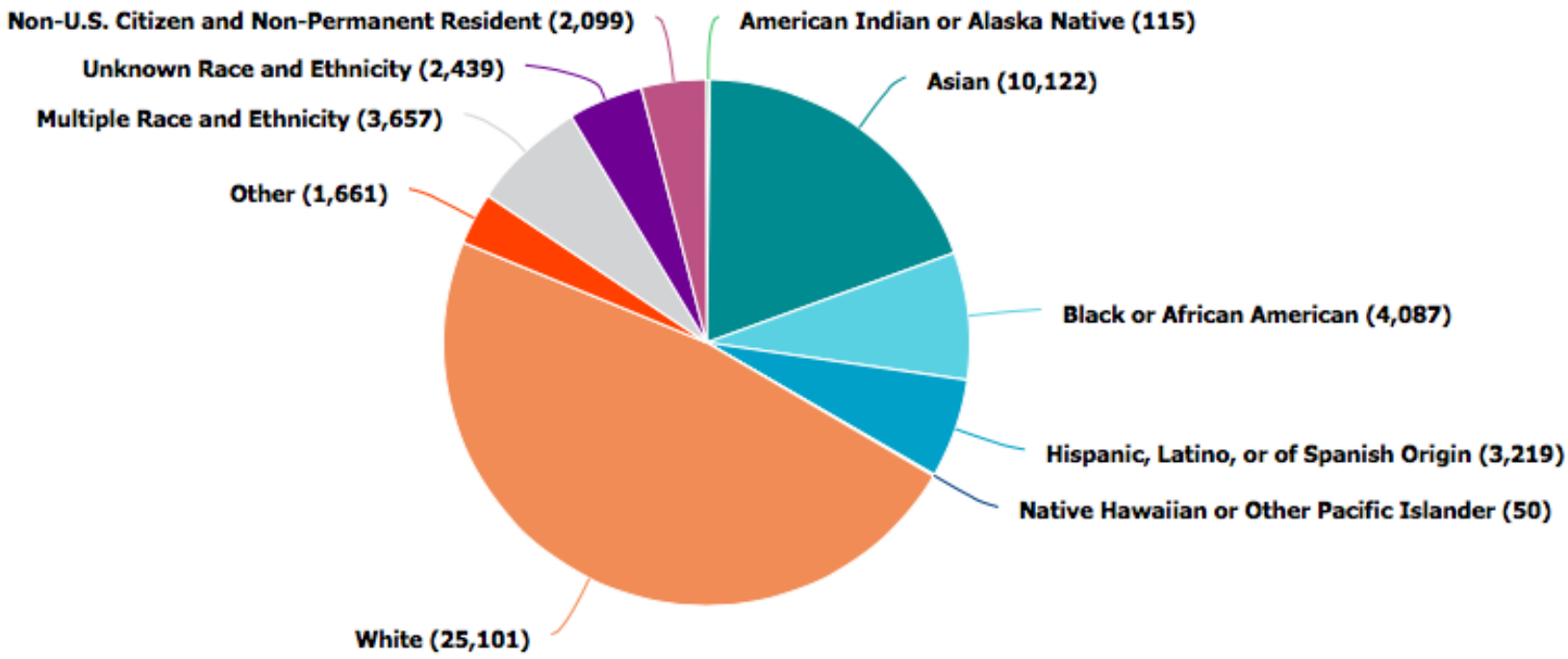
Hispanic Physicians by the Numbers

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

Source: AAMC Fact Table A-12. https://www.aamc.org/download/321480/data/factstablea12.pdf.



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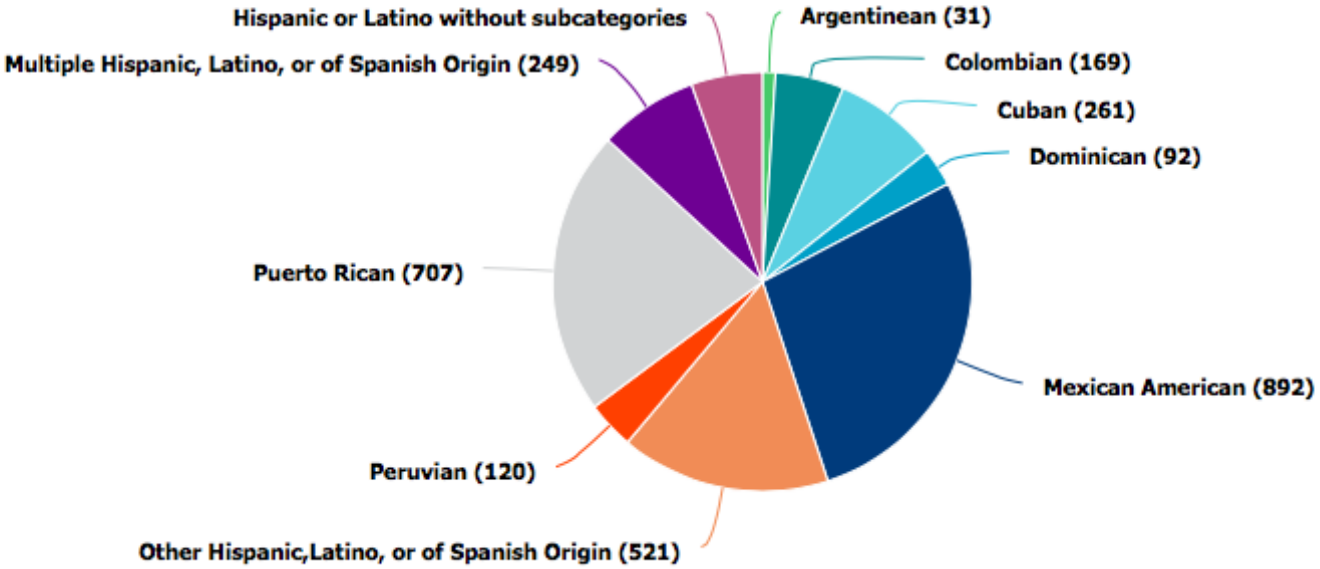
Hispanic Physicians by the Numbers

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.



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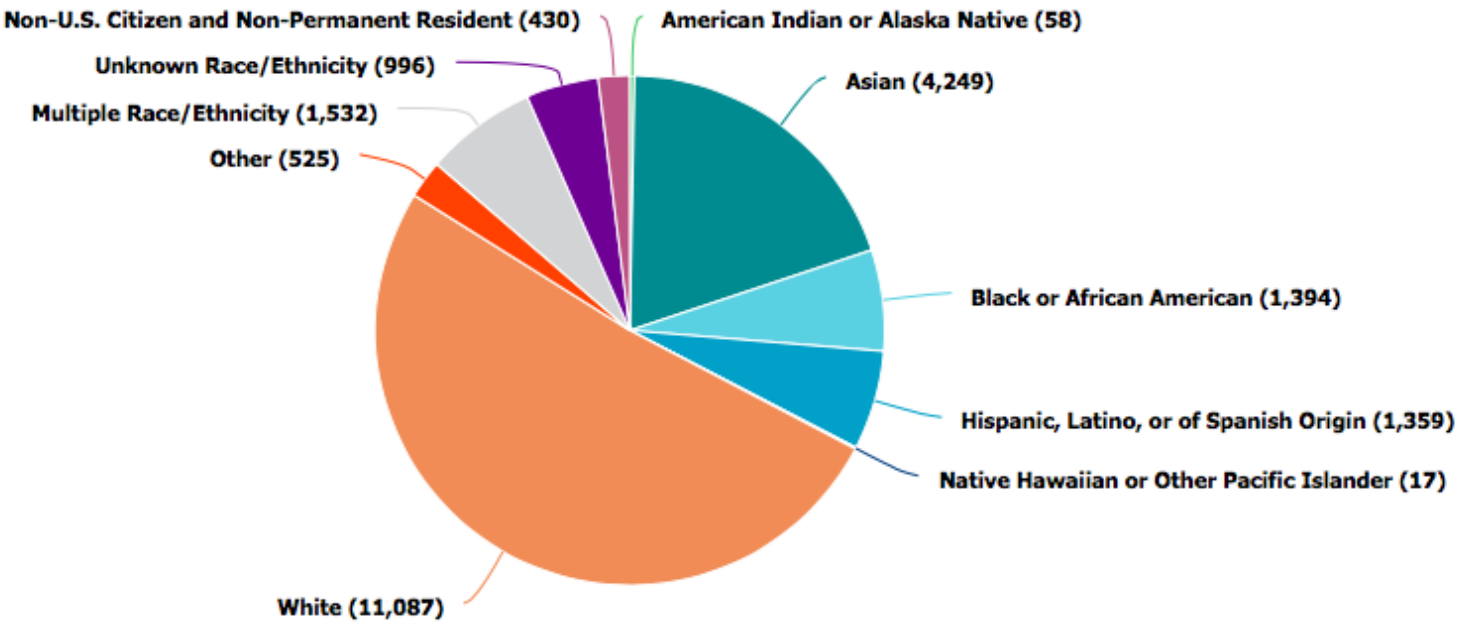
Hispanic Physicians by the Numbers

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

Source: AAMC Fact Table A-12. https://www.aamc.org/download/321480/data/factstablea12.pdf.



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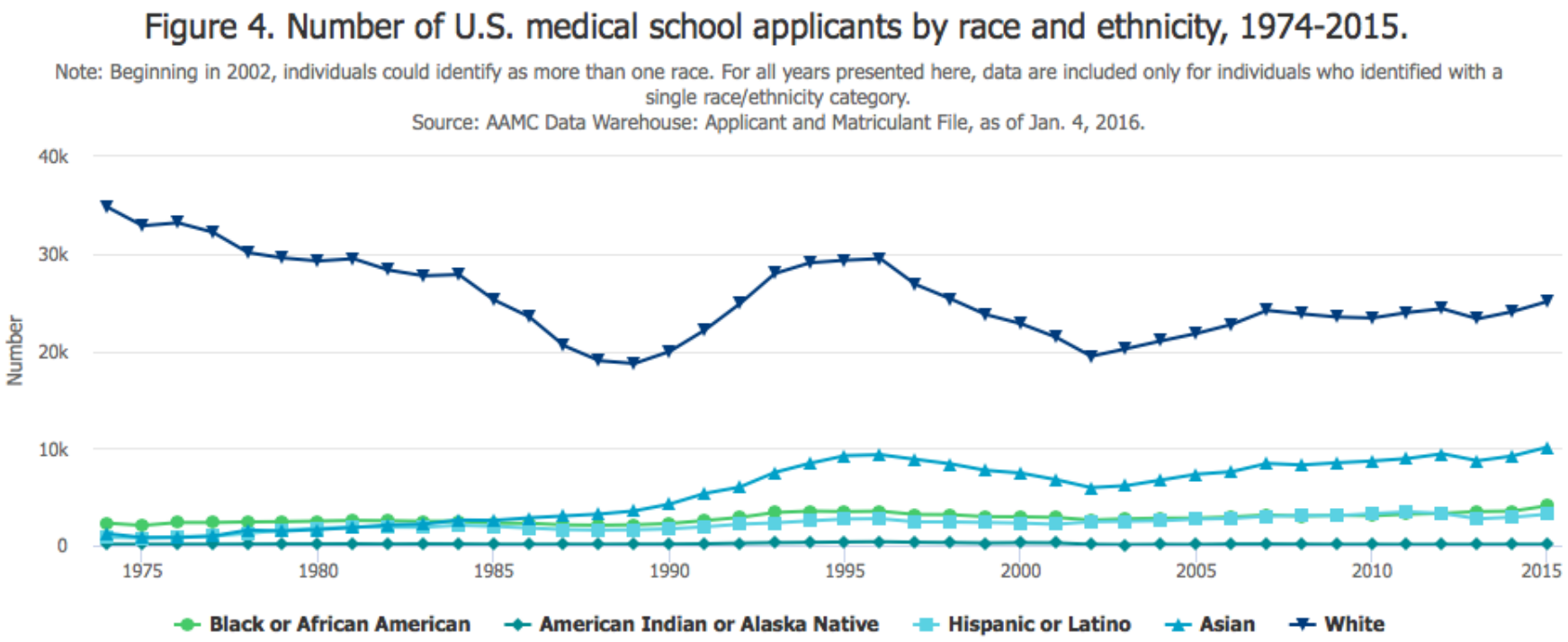
Hispanic Physicians by the Numbers



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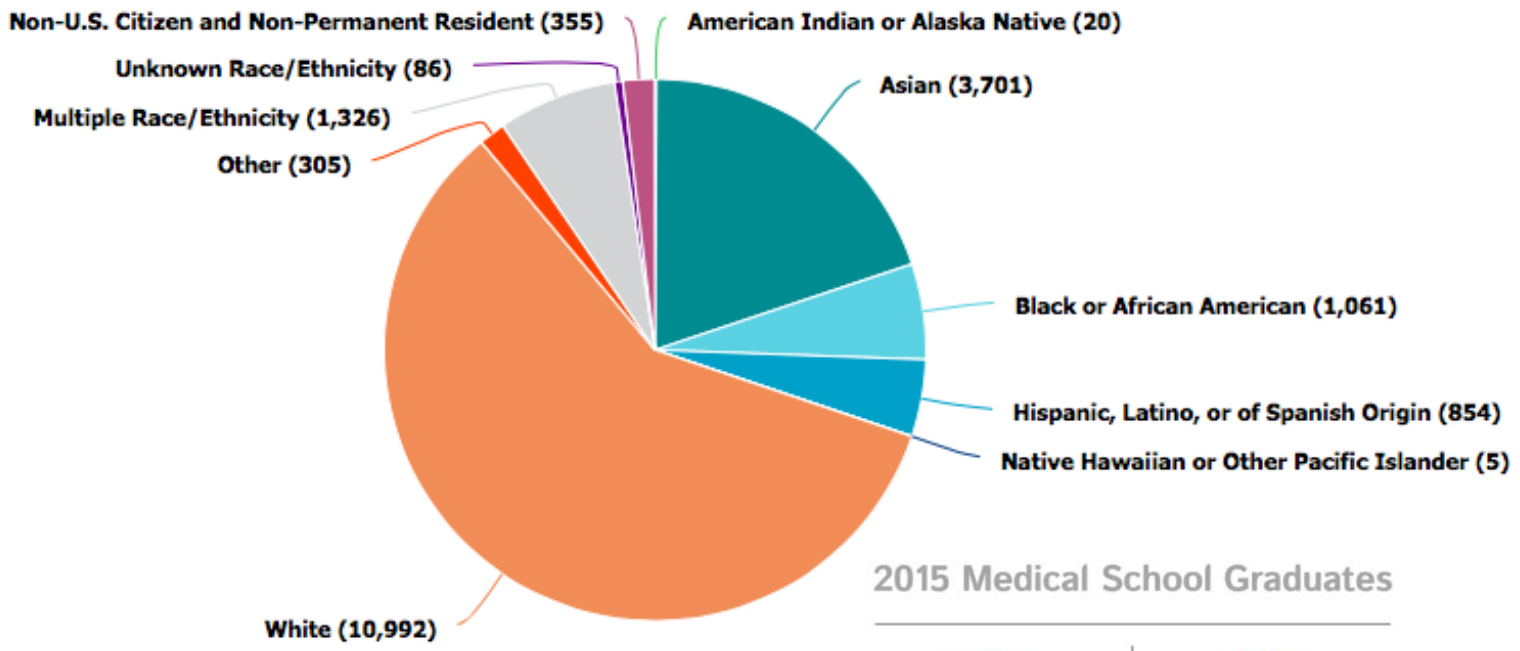
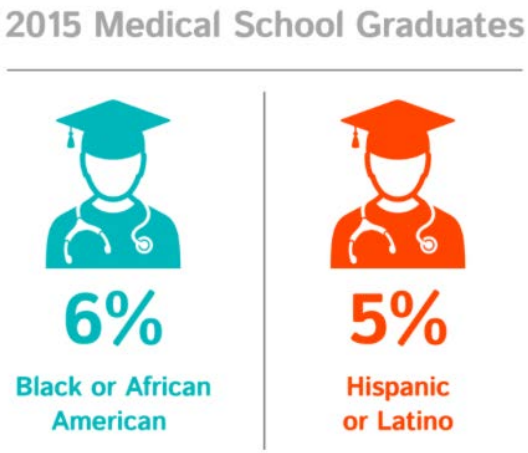
Hispanic Physicians by the Numbers

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

Source: AAMC Fact Table B-4. https://www.aamc.org/download/321536/data/factstableb4.pdf.





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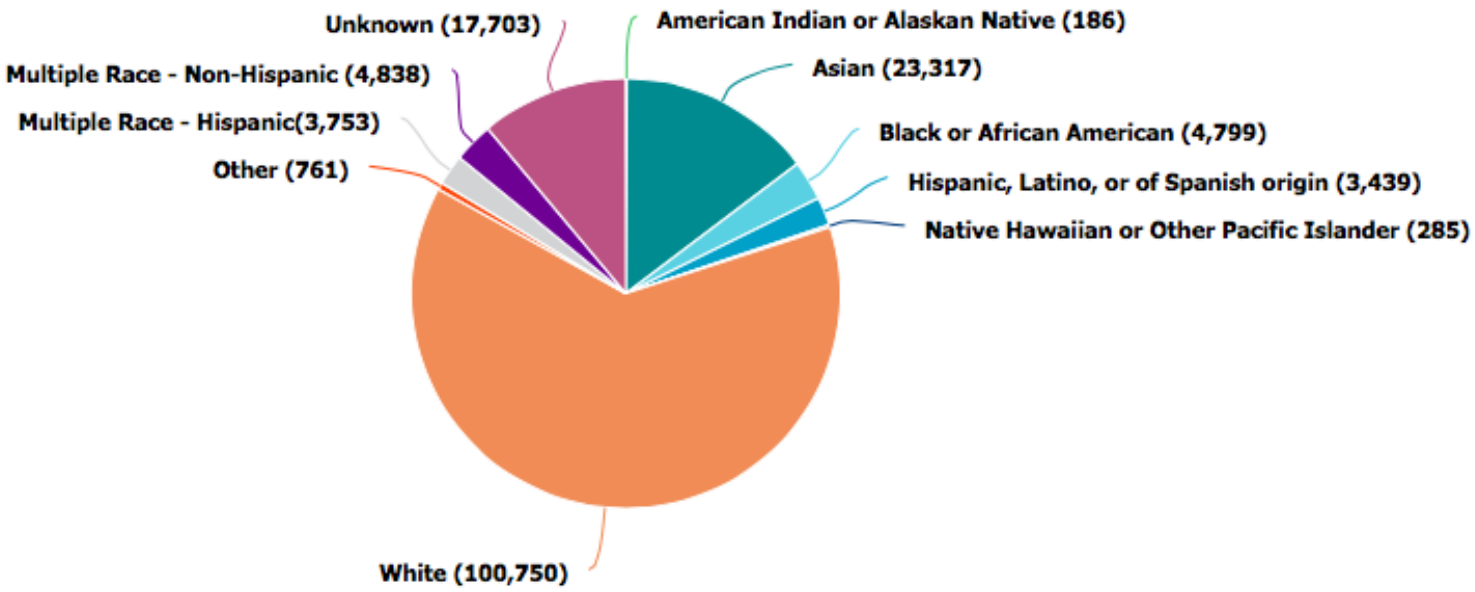
Hispanic Physicians by the Numbers

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.



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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

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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

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Disparities in Care - Preventive Care

Am J Public Health. 2008 Nov;98(11):2021-8. doi: 10.2105/AJPH.2007.119008. Epub 2008 Sep 17.

Language spoken and differences in health status, access to care, and receipt of preventive services among US Hispanics.

DuBard CA[1], 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

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

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Disparities in Care - Worse Outcomes

JAMA Intern Med. 2017 Mar 1;177(3):380-387. doi: 10.1001/jamainternmed.2016.8648.

Association of Patient-Physician Language Concordance and Glycemic Control for Limited-English Proficiency Latinos With Type 2 Diabetes.

Parker MM[1], Fernández A[2], Moffet HH[1], Grant RW[1], Torreblanca A[3], Karter AJ[1].

- 1605 LEP Latinos with diabetes
- Switching to language concordance provider
- Results: significant improvement in
  - Glycemic controls
  - LDL control

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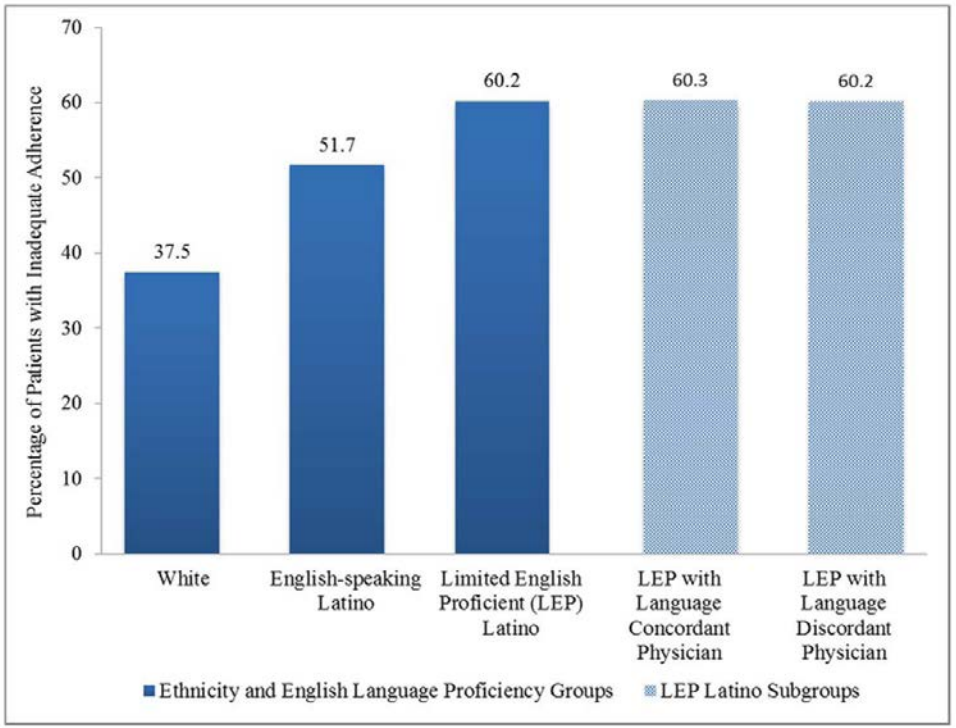
Disparities in Care - Poor Understanding of Medications

JAMA Intern Med. 2017 Mar 1;177(3):371-379. doi: 10.1001/jamainternmed.2016.8653.

Adherence to Newly Prescribed Diabetes Medications Among Insured Latino and White Patients With Diabetes.

Fernández A[1], Quan J[1], Moffet H[2], Parker MM[2], Schillinger D[1], Karter AJ[2].

- Observational study for 2 years
- Determine adherence of new diabetes medications



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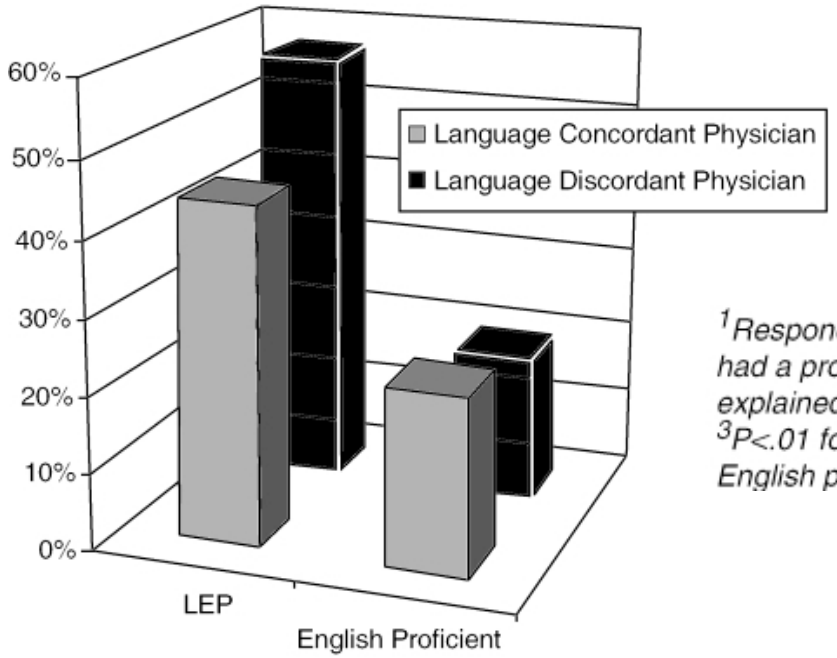
Disparities in Care - Decreased Medical Comprehension

J Gen Intern Med. 2005 Sep; 20(9): 800–806.
doi: 10.1111/j.1525-1497.2005.0174.x
PMCID: PMC1490205

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, MD[2,4]



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

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Disparities in Care - Increased Medical Errors

Int J Qual Health Care. 2007 Apr;19(2):60-7. Epub 2007 Feb 2.

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

Divi C[1], Koss RG, Schmaltz SP, Loeb JM.

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

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

*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 contained enough information to be categorized on this concept.

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Disparities in Care – Patient Satisfaction

J Pediatr Surg. 2015 Sep;50(9):1586-9. doi: 10.1016/j.jpedsurg.2014.12.020. Epub 2014 Dec 31.

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

Dunlap JL[1], Jaramillo JD[1], Koppolu R[1], Wright R[1], Mendoza F[2], Bruzoni M[3].

- 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

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Key Points

- Growing Hispanic population
- No growth of Hispanic physicians
- Increased patient-physician language discordance
  - Impacts the delivery of safe, high-quality care

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Medical Spanish Curricula in U.S. Medical Schools

David Acosta, MD
Chief Diversity and Inclusion Officer
Association of American Medical Colleges (AAMC)

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National Survey of Medical Spanish Curriculum in U.S. Medical Schools

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

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

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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

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

**excluding schools in Canada*

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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

	Coursework exists	Coursework does not exist	p value
Medical school (n=110)			
Public	30	15	p>0.99
Private	43	22	
LEP state status (n=110)			
High (6 states)	26	11	p=0.76
All other states	47	25	

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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

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Instructional Modality	Number (Percent)
Multiple modalities	56/67 (84%)
Didactic	60/67 (90%)
Student-to-student role play	46/67 (69%)
Standardized patients	31/67 (46%)
Clinical encounters w/patients	23/67 (34%)
Immersion experiences	29/67 (43%)
Other	Interpreter shadowing, online modules, case discussions, interpreter OSCE

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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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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)

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Accuracy of Self-Assessed Spanish Fluency in Medical Students

Teaching and Learning in Med 2009;21(4):305-309

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)

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

- 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)

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National Survey of Medical Spanish Curriculum in U.S. Medical Schools

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- 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

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Describing Physician Language Fluency

Deconstructing Medical Spanish

JAMA 2009;301(4):426-428

Lisa C. Diamond, MD, MPH
Daniel S. Reuland, MD, MPH

LANGUAGE BARRIERS ARE INCREASINGLY IMPORTANT IN US health care. Limited English proficiency is associated with poorer health care processes and outcomes.[1] Disparities in care for patients with limited

quently substituting their own limited spoken Spanish during clinical encounters.[7]

Because many physicians who provide language-concordant care are not native speakers of Spanish, studies are needed to help understand the degree of fluency a clinician needs to provide high-quality, language-concordant communication. In addition, a more basic problem is the lack of consistency in describing and assessing physicians' linguistic

- Call for research, policies and adoption of required language fluency testing that is standardized & already tested across non-healthcare industries

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Urban Universities for HEALTH

Urban Universities for HEALTH
www.uuhealth.org

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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

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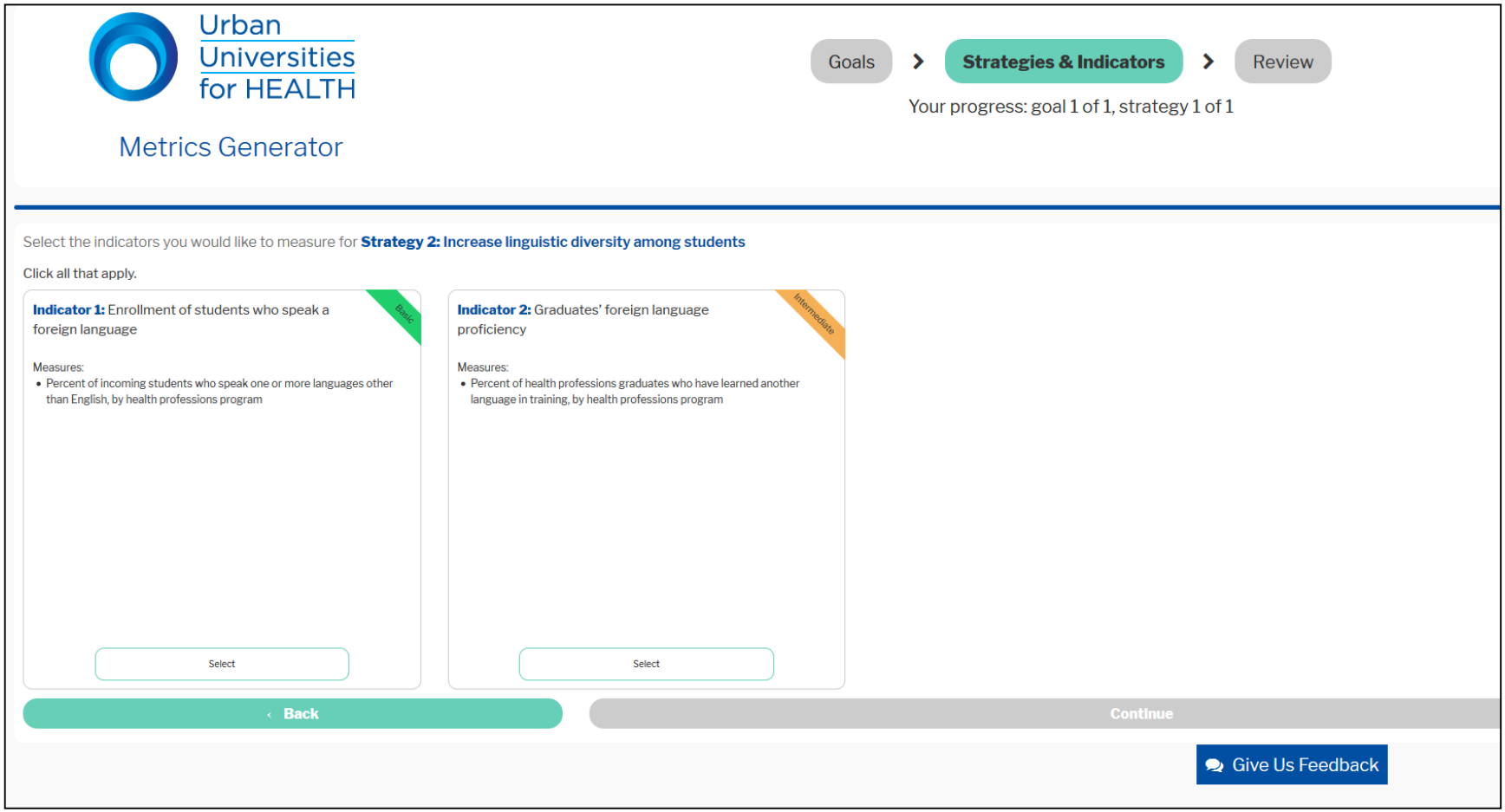
Metrics Toolkit



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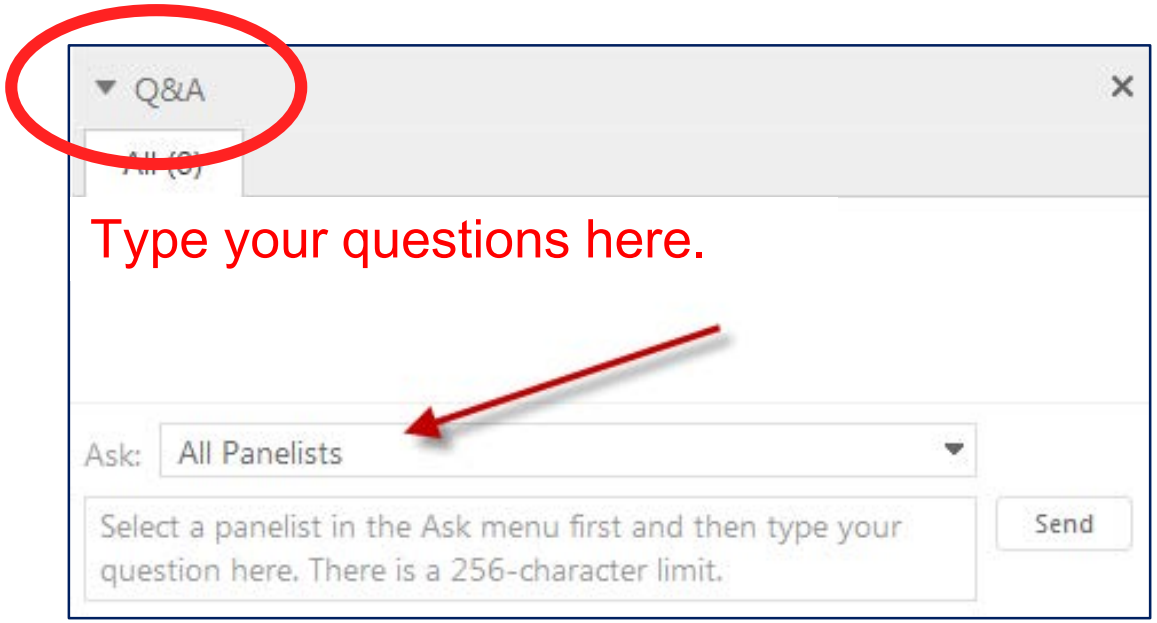
Brief Q&A Session



Type your questions in the '**Q&A**' **panel** at the bottom right of your screen and send to "**All Panelists**."

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Medical Spanish Program at an Academic Medical Center

Norma Pérez, MD, DrPH
University of Texas Medical Branch
(UTMB)

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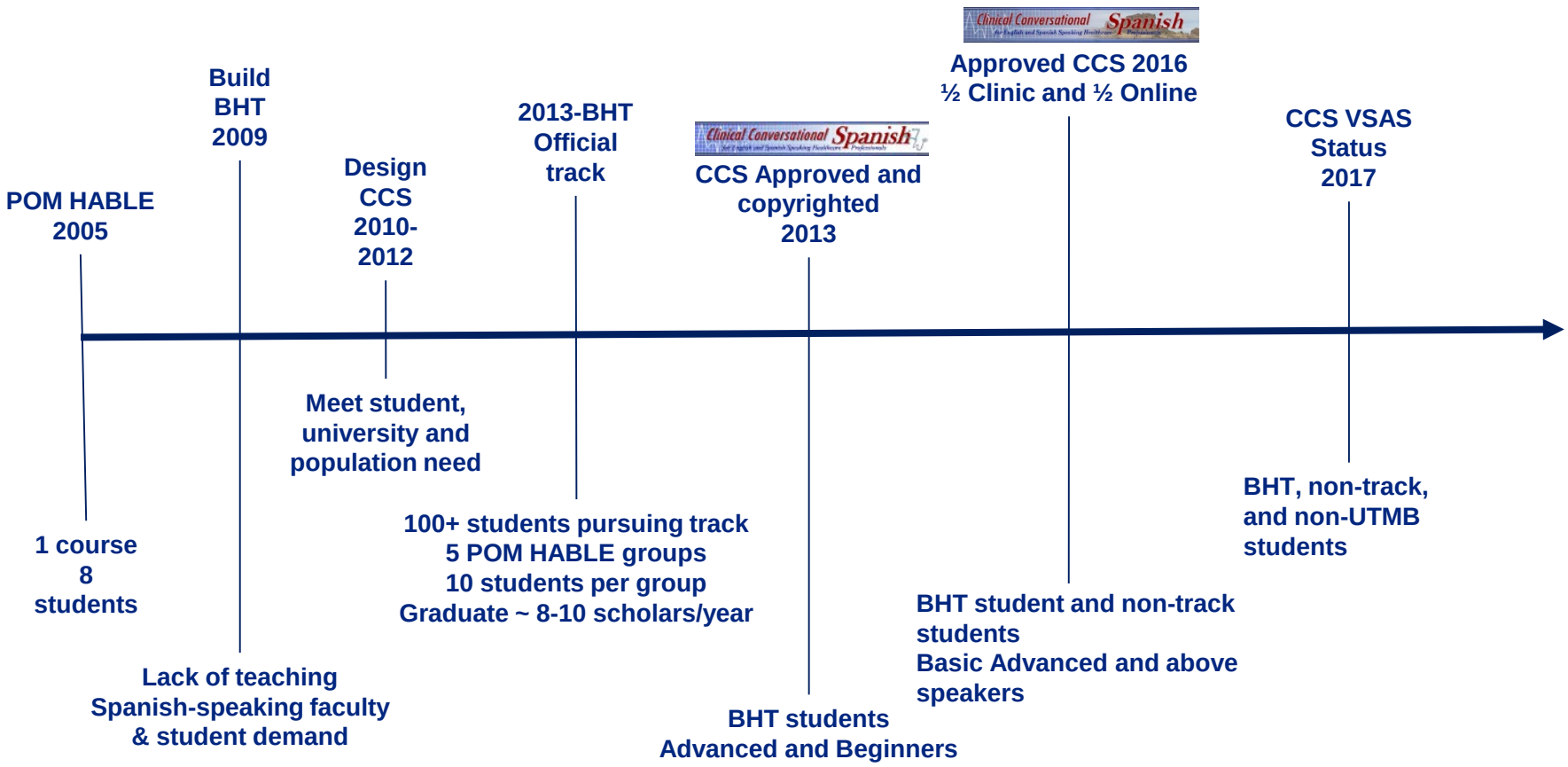
Background/Timeline



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.

<u>Requirements</u>

- 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.

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Clinical Conversational Spanish

for English and Spanish Speaking Healthcare Professionals ©

Course Layout

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

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Weekly Planner

Week	On Your Own	Required Activities Due by the end of the week	Videoconference Mandatory Sessions	Resources
Week 1	1. Take pre test. This must be completed on the first day of elective. 2. Review all LRC sections: • Basic Spanish (test) • Grammar (test) • Medical Terminology (test) • Culture • Anatomy 3. Review Module 1 4. Record 1st Mini-video on CC, HPI, PMH, SH, FH	1. Take tests in LRC and Module 1 2. Submit 1st Mini-video. Must include: • CC • HPI • PMH, SH, FH	Review taped interviews and provide peer feedback on taped interviews	The Hispanic Center of Excellence (HCOE) has Spanish language and medical Spanish resources to loan out.
Week 2	1. Continue to review LRC sections 2. Review all three sections of Module 2 3. Record 2nd mini-video on 3 ROS, DX and Patient medication instructions	1. Take Module 2 tests 2. Submit 2nd Mini-video. Must include: • 3 ROS pertinent to case • Diagnosis and Patient Medication Instructions	Review taped interviews and provide peer feedback on taped interviews	The HCOE has cameras and tripods to loan out. Students may use HCOE computers and software to edit videos.
Week 3	1. Continue to review LRC sections 2. Review Module 3, 4, and 5 3. Record 3rd Mini-video on 30 year old female. MUST include complete OB/GYN history.	1. Take Modules 3, 4, and 5 tests. 2. Submit 3rd Mini-video. Complete History on 30 year old female. MUST Include OB/GYN history	Review taped interviews and provide peer feedback on taped interviews	Peer Tutors are not available every period.
Week 4	1. Continue to review LRC sections 2. Review Module 6 3. Record full medical history video (final video)	1. Take Module 6 tests 2. Submit full medical history video. Video must include all sections of the history 3. Complete overall course posttest and program evaluation survey	Review taped interviews and provide peer feedback on taped interviews	Return all borrowed materials.
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.				

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Assessment Summary

Pretest and 15 Module Tests	40%
3 Taped Encounters Video #1: CC, HPI, PMH, FH, SH 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 Video #3: OB/GYN Each video up to 5 minutes long	20%
Video #4: Final video is a Full Medical History Up to 20 minutes long	20%
Posttest	20%
Total	100%

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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

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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.”

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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

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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

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Additional Information

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

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

- Inquiries or purchasing, please contact:

Norma A. Pérez, MD, DrPH
noaperez@utmb.edu
409.772.3558

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Medical Spanish: Interdisciplinary Partnerships between Bilingual Physicians and Medical Interpreters

Brenda Robles, BA
National Institutes of Health
(NIH)

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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?

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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.

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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

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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

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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

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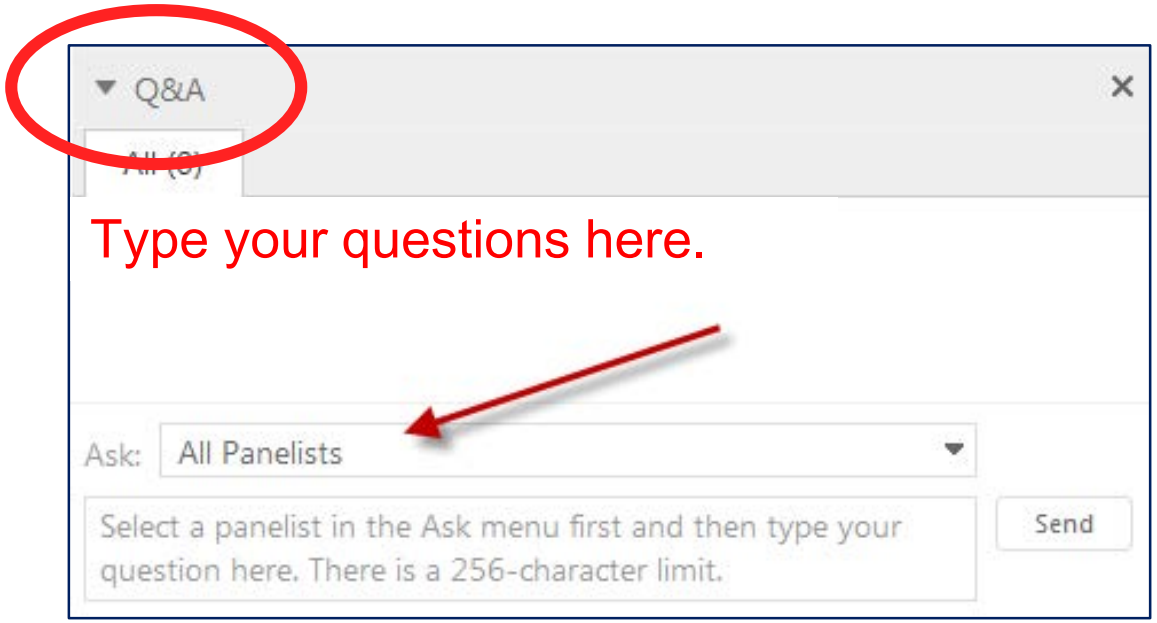
Q&A Session



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Closing Remarks

Sherese Johnson, MPH, PMP
Director, Public Health Initiatives
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Tomorrow's Doctors, Tomorrow's Cures

Learn

Serve

Lead

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