AAMC-CDC Cooperative Agreement Webinar Series

Teaching Medical Spanish to Improve Population Health
Live Webinar: February 22, 2018

Attendee Questions

This document is a list of questions from the webinar to assist medical faculty and curriculum deans with teaching and assessing learning for medical Spanish.

Presenters

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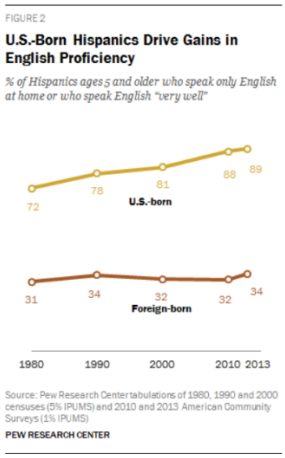
BACKGROUND QUESTIONS

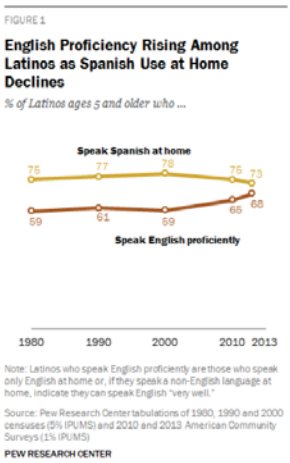
- What is your estimated percentage of first generation Spanish speaking population vs second or third generation, who would be actually fluent in English?

Yes, as the number of US-born Latinos increases, there has been a shift towards more English proficiency. However, even though English proficiency is on the rise among Hispanics, there are still about one-third of Hispanics who speak English less than very well—or not at all. –Turmelle

U.S.-Born Hispanics Drive Gains in English Proficiency



English Proficiency Rising Among Latinos as Spanish Use at Home Declines



- Is there interest by the AAMC to consider Spanish fluency as one criteria for medical school admissions, especially for schools located in areas with large LEP populations?

To my knowledge, no group or organization has introduced this idea. In general, the AAMC doesn't influence the medical admissions process at any of its member medical schools. The greatest influence comes from the LCME.

There are lessons to be learned from the history of how diversity became an accreditation standard on its own (e.g. IS-16 which is now Element 3.3). This was influenced by a collective group of diversity officers from many medical schools and from several AAMC affinity groups, e.g. GSA-MAS, GDI, etc. as well as a Co-Secretariat from LCME that was a diversity ally (Dr. Dan Hunt). Perhaps the same could be done regarding Spanish language fluency. –Acosta

- Do you have any data on who is teaching medical Spanish at medical schools? What qualifications do they have? Is it taught by linguists or clinical faculty or a combination?

Per the data reviewed by Dr Acosta's presentation, the 2012 survey yielded about 60% faculty taught, a few are student-led, a few are taught by Spanish educators (non-medical training), a few by interpreters. Anecdotal reports suggest that many schools have informal or extracurricular student-led workshops for Spanish learning and that the demand from students who wish to develop Spanish skills is one of the biggest impetus for starting programs at medical schools. Likely that who teaches the courses depends largely on who is available at each center (e.g., not every medical school has a faculty physician who may be qualified in terms of language fluency or expertise to teach such a course.) –Ortega

COST/FUNDING/RESOURCE QUESTIONS

- What are some funding resources for supporting Medical Spanish courses at medical schools across the country?

Currently, there are no external funding for Medical Spanish. All programs or resource materials available to students are from internal funding. –Pérez

- Would you be able to indicate how much this program is costing at your school per year AND for how many students?

I sell my course out right. Once you purchase it, you may use it on as many students as you like. The course sits in Blackboard. –Pérez

The course costs at UIC are the hourly or percentage time cost for compensating the faculty member who teaches the course (this cost would vary per institution and depending on the instructor's rate), and the university's clinical performance center have taken on the cost of funding the simulation experience for the students (The simulation center costs are for training the standardized patients, utilizing the center's space, etc. and add up to about $4,000 per year for a program that teaches this elective for an average of 40 students per year.)
–Ortega

At Washington University School of Medicine, Year 1 of the curriculum is the main course component: One selective in the fall (13 hours) and another selective (14 hours) in the spring. The costs of these selective are covered by the medical school which include: cost of administration, classroom and 2 SP sessions. The Spring selective is consider a Humanities Selective and there is additional funding from the medical school of $25/student enrolled. –Turmelle

- One of the barriers I have encountered is being vetoed from directing a course by our institution's Modern Language department as I do not have a terminal degree in Spanish. Yet they are not interested in directing a medical Spanish course as we do not have the space in the curriculum to offer it across traditional semesters and instead it is an M4 elective done as independent study. Any suggestions?

It is challenging but you have to work with what schools can offer in terms of curricular space. At Univ of Illinois Chicago, we also do the course as an M4 elective. Independent study can be a good option but is probably only useful for students who already have fairly advanced Spanish skills so this limits who is able to benefit from such a class, and also lacks any kind of evaluative component.

My suggestion would be to approach teaching the course to the medical school curriculum committee directly rather than through the university's Modern Languages department. Linguistic departments tend to be much more stringent about who teaches language courses because the goal of these courses tend to be quite different in terms of linguistic requirements and criteria for students. Medical Spanish is much more about usage of Spanish for patient communication and does not necessarily need to be taught by a PhD in Spanish language. As a result, the course may not necessarily need to be housed under the language department. It can instead be seen as a clinical communication elective (Physicians who teach clinical communication skills don't need PhDs in English language). –Ortega

CURRICULAR QUESTIONS

- Can you give me more details about typical Medical Spanish curricula (if there is such a thing as typical) – how many hours, is it given in all years, etc.? What works best?

"Typical" curricula varies how it is implemented at various medical schools. For example, at Univ of Illinois Chicago College of Medicine, we have a 4th year 10-week longitudinal elective where students have a 2-hour lecture weekly over the course of 10 weeks, but have many self-study and patient-interaction, simulated experience, and other elements spread out over the course. We are also piloting a 2-week intensive elective curriculum to condense the material into a more "immersion" type course for 3rd or 4th year medical students. For both the 10-week and the 2-week versions, the students receive 80 hours of elective credit. For both of these courses, I use the book Spanish and the Medical Interview (2nd Ed., Ortega, 2015) which can be used as a curricular guide and has online videos to watch patient encounters as well.

What works best is certainly variable among centers and will highly depend on details regarding a particular medical school's curriculum. Important factors to consider include where in the curriculum the students have more "elective time." A 3rd/4th year elective may give 1st/2nd years time to improve their basic Spanish before embarking in a Medical Spanish course. Some elements of linguistic competency should be included in all years as a longitudinal curriculum (e.g., awareness of language barriers, teaching to use an interpreter in medical settings, cultural issues in health, etc). –Ortega

Description of the Advanced Medical Spanish Program at Washington University School of Medicine: The proposed medical Spanish curriculum is designed for advanced Spanish speakers, i.e. native speakers or those with strong conversation skills. The goal of the program will be for students to develop proficiency in conducting a clinical encounter in Spanish, and to obtain official certification as a bilingual provider. Beginner students will be accommodated under existing WUSM programs. The program is designed to span all four years, with the classroom component primarily in year 1, certification in the summer after year 2, and opportunities to serve Spanish-speaking patients in years 3 and 4.

- Dr. Perez, is your course available to medical students in other schools besides UTMB?

Non-UTMB students may access my course through AAMC VSAS. https://students-residents.aamc.org/attending-medical-school/article/visiting-student-learning-opportunities/
-Pérez

- Hi Ms. Robles, Thank you for your presentation. You mentioned that you train new providers in cross cultural medicine, and how to work with international populations what does that look like? How can Medical Students access your curriculum? Thank you!

I developed the "Effective Cross Cultural Medicine" (ECCM) course in conjunction with a Social Worker. ECCM is offered at the NIH Clinical Center exclusively to our Clinical Fellows and is part of their Small Group Competency Workshops curriculum. Additional courses include "Breaking Bad News," "Advanced Directive Conversations," and "Death and Dying." Although outside providers cannot access ECC, please see condensed slides attached (ECC Slides). –Robles

- Do you have any experience with medical Spanish online learning software such as Canopy?

Per feedback I have received from individual students who have tried using some of the commercial software, it seems like a good start for some basic Spanish skills in preparation for a Medical Spanish course. Even those that are medically focused lack the patient interaction and clinical knowledge that a medically trained educator can provide in a Medical Spanish course and evaluation process. Of course, the online element makes these programs useful, but may not replace a more formal approach to Medical Spanish.

–Ortega

I had experience with Canopy and that is how I became interested in developing my own product that would cover more of a clinical perspective than simply medical terminology. –Pérez

(1) Canopy Medical Spanish Program-The course was developed with funding from the National Institutes of Health (NIH). It's self-paced, interactive, and focuses on common practitioner-patient interactions. (2) Forvo-auditory pronunciation of words. (3) Wespeke-online chat with native speakers in other countries –Turmelle

- We have a strong medical Spanish program (120 students) taught by medical students. What resources for standardized curriculum do you recommend that have clear objectives and are aligned with assessments for PROFICIENCY? Do you recommend the SPOKEN LANGUAGE EVALUATION FLUENCY TEST – ALTA mentioned in the Reuland study?

The ALTA test is probably the most widely used exam at this time, and is mainly an oral (phone-based examination). The ideal type of examination for clinical communication skills is probably a simulation based examination, however, which currently does not exist in a standardized fashion in Spanish, but some individual programs are using in their own developed simulation exams for students. (Ref: Ortega P, Park YS, Girotti JA. Evaluation of a Medical Spanish Elective for Senior Medical Students: Improving Outcomes through OSCE Assessments. Med Sci Educ. 2017;27(2):329-337.) I hope to create a shareable resource for this, however, so please stay tuned and let me know if you are interested in learning more. –Ortega

- To build the curriculum, is it very crucial to receive help from language experts?

I think a collaborative approach is helpful with input from language experts as well as input from people with medical education and clinical experience. I also think it is not necessary to "reinvent" a curriculum for Medical Spanish. Several centers have created one successfully and there are some online and textbook options that can be used to base a curriculum and could be adapted to specific medical schools as needed. -Ortega

- Dr. Acosta, in your literature search did you discover any medical Spanish certification programs in Medical Schools?

I did not. However, you might want to check out the following reference: Spanish Bilingual Medical Student Certification – Author: K. O'Rourke et al at Loyola University Chicago Stritch SOM found at https://www.mededportal.org/publication/9400 -Acosta

- We offer a Medical Spanish Non-Credit Elective Course mainly didactic and interactive small group language activities for first and second year students. We would like to have continuity in the third and fourth year students. However, their schedules are not conducive to the typical structured didactic format? How is your MS curriculum structured for third and fourth year students? Online curriculum?

At Univ of Illinois Chicago College of Medicine, we have a 4th year 10-week longitudinal elective where students have a 2-hour lecture weekly over the course of 10 weeks, but have many self-study and patient-interaction, simulated experience, and other elements spread out over the course. In the 10-week format, students are able to overlap the course with other clerkships. The weekly lectures are held in the evenings to allow for this. We are also piloting a 2-week intensive elective curriculum to condense the material into a more "immersion" type course for 3rd or 4th year medical students. This would work similarly to when the students choose a different elective such as Radiology or Ultrasound and dedicate 2 weeks exclusively to that subject matter.

For both the 10-week and the 2-week versions, the students receive 80 hours of elective credit. For both of these courses, I use the book Spanish and the Medical Interview (2nd Ed., Ortega, 2015) which can be used as a curricular guide and has online videos to watch patient encounters as well. –Ortega

PROFICIENCY MEASUREMENT QUESTIONS

- I am interested to know the measures used to assess Spanish proficiency that I can use to evaluate our medical run (no curricular) medical Spanish. This way I can use this outcomes to convince my school to incorporate medical Spanish. /
- Dan Reuland's study showed good accuracy in self report for students who volunteered for the program (clearly a select group). What about the general population? How do we accurately measure and protect LEP patients from non-fluent students and physicians?

Even despite showing that self-report can have reasonable accuracy, it is still a high-stakes situation to say that a physician has language skills in a 2nd language to speak with patients and provide care in that language. I share your concern and think it is important to have a more standardized and objective fashion to evaluate language proficiency as well as incentivize physicians who are able to demonstrate those competencies. I hope this will be the next step in the process of bringing the importance of language concordance to light in medical education discussions, so please stay tuned for further developments. –Ortega

- Language measure mentioned in the Reuland study?

In 2008, it was known as the ALTA Spoken Language Evaluation – today, it is known as the Speaking and Listening Assessment Reference: Reuland Ds. Accuracy of self-assessed Spanish fluency in medical students. Teaching and Learning in Med 2009;21(4):305-309
-Acosta

- Dr. Perez, thank you immensely for sharing. What criteria do you use to assess the videos? Would you be willing to share that criteria? What do you include on the course evaluation survey? We have instituted one this year but I wasn't sure what to ask.

I designed my own Video Assessment Template based on the Self-assessment Grids – Council of Europe. (see Video Assessment PDF attachment) –Pérez

At Univ of Illinois Chicago we also use simulation encounters with standardized patients and created some feedback and evaluation forms for student performance that are similar to those that are used for objective structured clinical examinations in English at our medical school. We are hoping to make these materials shareable so that more medical schools can institute similar evaluation processes, please stay tuned. –Ortega

- Dr. Perez, where did you go to obtain your accreditation to be able to teach this course?

I received certification from the American Council on the Teaching of Foreign Languages. It was a week-long training on how to assess oral proficiency. There are other certifications available. I only needed oral proficiency and only in Spanish to know what group to place my students interested in my Bilingual Health Track, which is where my online course is housed at. –Pérez

- Dra. Pérez – kudos to the great and pioneering work you are doing at UTMB! Do you use any objective and standardized measure to assess improvement in either general or medical Spanish proficiency? Like repeat ACTFL or ALTA's CCLA? How do you respond to some of the research that suggests training novices up to an intermediate proficiency can worsen communication – other than rapport (less use of interpreters due to over-estimation of confidence)?

I have observed a gap on students knowing how to relay clinical information, such as diagnosis, treatment, follow up recommendations, and even describing the pathophysiology of the disease to the patient. In my online course, I now ask that the student leave the history checklist and try to hold a conversation instead of using the checklist. That is my new focus is at. I have not come up with a metric to measure progress. I hope to be able to implement a metric soon to capture progress. Stay tuned. –Pérez

- Many studies have documented that when physicians have some Spanish knowledge but are non-fluent, they tend to overestimate their language skills, attempt to communicate with LEP patients themselves, w/o interpreters, and actually cause major medical errors. As more institutions adopt Spanish curriculum, do the panelists have any thoughts on how to address this inherent issue?

I agree with you that it is a high-stakes situation to endorse that a physician has sufficient competency in a 2nd language to speak with patients and provide care in that language. I share your concern and think it is important to have a more standardized and objective fashion to evaluate language proficiency as well as incentivize physicians who are able to demonstrate those competencies. I hope this will be the next step in the process of bringing the importance of language concordance to light in medical education discussions, so please stay tuned for further developments. –Ortega

- What is the assessment for measuring proficiency? / (Multiple similar questions are also included here): What is the best way to evaluate medical Spanish proficiency in medical students/residents? Oral/aural/written? / Can you please provide the reference or assessments

to evaluate Spanish level of our medical students? / Where is the assessment to measure proficiency so the medical Spanish can be evaluated?

Currently there is a phone based examination that is used by some centers, some programs use written exams or combination written and oral exams, and some used simulation experiences. The ideal type of examination for clinical communication skills is probably a simulation based examination, since this is the most similar to real-patient encounter—which is the goal of a Medical Spanish course. However, this currently does not exist in a standardized fashion in Spanish, but some individual programs are using in their own developed simulation exams for students. (Ref: Ortega P, Park YS, Girotti JA. Evaluation of a Medical Spanish Elective for Senior Medical Students: Improving Outcomes through OSCE Assessments. Med Sci Educ. 2017;27(2):329-337.) I hope to create a shareable resource for this, so please stay tuned and let me know if you are interested in learning more. –Ortega

INTERPRETATION QUESTIONS

- Why are medical students encouraged to serve as medical interpreters? / Do you know to what extent do medical schools help their students become certified as Spanish interpreters?

I do not endorse medical students to serve as medical interpreters. There are many conflicts with such a role and it is essentially utilizing the student as an untrained ad hoc interpreter. I think that in reality, however, it happens whether we endorse it or not. Therefore, a few centers have chosen to train their students and evaluate them to provide a "certification" to be able to act as interpreter at their medical center. (Ref: Spanish Bilingual Medical Student Certification – Author: K. O'Rourke et al at Loyola University Chicago Stritch SOM found at https://www.mededportal.org/publication/9400)

It is important to be clear that this is a different role and skill set from being a Spanish-speaking provider, although the two are related. Even students who have achieved certification in being an interpreter may not be ready to be an independent provider in Spanish, and vice-versa. –Ortega

- What do you recommend for Community Health Workers who want to become Medical Interpreters? In TX, CHWs are certified by the state but Med Int Certification is only for Sign Language. We would like to extend training to CHWs. /
- I am a staff medical interpreter at Shiners Hospitals, how could I assess bilingual staff competency to act as "medical interpreter" when needed?

This is an interesting side topic, but very much related. The issue here is that bilingual staff may not be able to provide a skilled or accurate medical interpretation, even if they are sufficiently bilingual to provide services in both languages. There are two separate evaluations that should be done, ideally, one to assess the provider's ability to treat a patient in Spanish, and the second to assess their interpretation ability.

Even heritage native speakers may not be able to interpret accurately if they have never been trained in those skills. I would encourage you to look at interpreter training programs and exams (these are standardized) – and you may perhaps adapt one to the needs of your own staff if you intend to use them as interpreters. The two national organizations are:

http://www.certifiedmedicalinterpreters.org, and http://www.cchicertification.org. This could be a cost-savings measure for medical centers, but should make sure that the staff are adequately trained and evaluated. Staff should be compensated and incentivized for their time and added value to the hospital. This can apply to medical students as well who are often "pulled" from their other duties to serve as ad hoc interpreter. –Ortega

- In the era of EMRs with patient access to physicians via Web-based email portals, written communication is increasingly important. How do we ensure language concordance with Spanish-speaking patients re: written communications?

The translation of written communications is a crucial component of LEP involving three important factors: Data collection, patient safety, and cost. First, you have to know the makeup of your hospital's patient population. For us at NIH Clinical Center, Spanish is our top language after English. We also identify the Top 10 Languages so that we can meet the linguistic demands of our diverse patient population. Every effort is made to translate patient education, health forms, and informed consents into Spanish especially if they are used more than 20% of the time. However, even when an Informed Consent is translated, we provide Language Interpreters during the Informed Consent Process. We do this for two reasons: One; there may be literacy issues and two; the patient may have questions while the informed consent process is occurring. It is crucial to have the Interpreter and the Provider present to communicate the information back and forth (in real time) and to answer these inquiries before the patient assents to treatment. The Language Interpreters Program only provides oral communication services. We do not translate documents. The Patient Library and an independent IDIQ Contract handle translations. Charges are in accordance with the federal fair market rate and subsidized by the requesting department or institute.

Second, communication (in any form: written or oral) must be framed as a matter of patient safety. In the trainings that I conduct, I talk about sentinel events, liabilities, and malpractice around miscommunication. Translated materials are essential to supporting a patient's understanding of their disease, treatment plan, compliance, and overall positive health outcome.

Third, high quality translations cost money. Aside from the complex task of translation, an extensive process of revision, proofreading, back translation, and editing phases follow and are essential to quality control. Translation services must be of high quality, technically accurate, and audience-appropriate. Ideally, a part of the institution's budget should be committed, earmarked, and invested to the craft of translation. Management commitment to the cause of LEP is fundamental to achieving success in this effort.

Foreign Language Services Ordering Guide - A tool to help federal program staff and procurement officers purchase high quality language services - August, 2016
LEP https://www.lep.gov/interp_translation/trans_interpret.html

-Robles

NEXT STEPS QUESTIONS / COMMENTS

- Need to generate outcome in our medical Spanish (right now is optional and is not part of the curriculum) so admin understand the value of having medical Spanish.

Agreed! Thanks for the support, and please stay tuned for further developments. –Ortega

- Can you please provide the reference or assessments is valid to measure Cultural competence or cultural humility?

Please see Cultural Competency References attached. We do not have a formal instrument or program to assess cultural competence. – Robles

AAMC developed a tool to assess cultural competence: aamc.org/initiatives/tacct/

- Is there a Medical Spanish List serv?

YES! Such an exciting network is currently in development. Please email me at Portega1@uic.edu for inclusion in this list, and stay tuned for further developments. –Ortega

- Please consider addressing limitations of Medical Spanish courses in your expert panel.

Agreed! This is very important and each student understanding his/her limitations is a critical piece of the longitudinal education of linguistic competencies. Thank you for your input and please stay tuned for further developments. –Ortega

- Would you be able to post the list of references that you have all used? Thank you.

Yes, thank you for your question. We will be consolidating all the information and will include the references in a cohesive format in an upcoming publication. In the meantime, please do not hesitate to reach out to either myself or the panelists with any other questions or comments. –Ortega