Communicating with Latino Patients

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ABSTRACT

This article describes the efforts of the University of California, San Francisco, School of Nursing to develop the Spanish language and cultural competency skills of advanced practice nursing students by establishing an elective course, Communicating with the Latino Patient. The need for this training is reflected in the literature, which has shown that language barriers decrease patient satisfaction and quality of care and increase the likelihood of medical error. Fifty-seven first-year master's students participated in this course. The effectiveness of the training was monitored during and after each course by self-assessment surveys of the participants’ language acquisition. The data suggest that the most successful outcomes result from limiting class size, emphasizing high interactivity, and incorporating clinical experiences in the instruction, as well as focusing exclusively on intermediate-level speakers when resources are limited. Training can be time consuming and costly, yet graduates agreed that the training was imperative and valuable.

The Hispanic and Latino population is the largest minority ethnic group in the United States, accounting for 15.1% of the population (U.S. Census Bureau, n.d.). One third of the population of California is of Hispanic or Latino origin (U.S. Census Bureau, 2000). The primary language of this ethnic group is Spanish, and many have limited English proficiency. According to the 2000 Census Bureau, 25.8% of California’s population speaks Spanish at home, and 13.7% speak English less than very well.

Flores et al. (2003) reported that there are a limited number of health care providers who can communicate fluently in Spanish about health care issues and have adequate cultural competency in working with Hispanic and Latino populations. In an exploratory study, Fernandez et al. (2004) provided empirical evidence that providers with Spanish language and cultural competency can better elicit patient problems and concerns, explain conditions and prognoses, and empower the patient in their self-care. Aguilar-Gaxiola et al. (2002) found that when given the choice, Hispanic and Latino patients prefer to speak Spanish during medical encounters. Studies also suggest that language barriers have a negative effect on patient care and satisfaction. For example, Cohen, Rivara, Marcuse, McPhillips, and Davis (2005) found that Spanish-speaking patients in a pediatric setting were twice as likely to experience serious medical events as were patients with no language barriers. Flores et al. (2003) also found that errors in medical interpretation are common, averaging 31 errors per medical encounter, and errors by untrained translators, such as friends or family members, had more significant clinical consequences. Finally, the use of untrained translators raises issues of confidentiality.

The School of Nursing at the University of California, San Francisco, prepares advanced practice nurses (APNs) with a master’s degree. Many of these APNs will have their clinical rotations in outpatient or inpatient health care institutions in which they frequently encounter monolingual Spanish-speaking patients. Although the School is committed to recruiting underrepresented minorities, including Hispanic and Latino nurses, and values students who speak other languages, the number of students of Hispanic and Latino origin or who speak Spanish remains low. Only 7% of the 627 current students are of Hispanic or Latino origin, and only a subset of those are fluent in Spanish (J.F. Kilmer, personal communication, May 14, 2007). Most of our graduates apply for jobs in California, where many employers either
prefer or require Spanish-speaking skills.

With support from the School of Nursing, we began offering a Spanish language course elective, Communicating with the Latino Patient, in the 2003 to 2004 academic year. In addition to language instruction, this course addresses cultural competency to help students appreciate the context within which the language is spoken. This article describes the course’s current format and the evolution of its structure and participants, on the basis of the results of participant evaluations during the first 2 years of the course offering.

In the first 2 years, the Communicating with the Latino Patient course was offered to both beginner and intermediate students for 30 contact hours and a pass-fail grade. Beginner students were defined as those having minimal to some ability to understand and speak Spanish, but who were unable to conjugate verbs correctly, and with very limited vocabulary. Intermediate students were defined as those who understand a simple conversation when a patient is communicating with the nurse, and who can speak with the patient in simple sentences.

Course Description
Currently, the Communicating with the Latino Patient course is a two-quarter, 40-hour, letter grade course offered to APN students with intermediate language capabilities, designed to improve their medical vocabulary, grammar, and cultural competency. The objectives in each quarter address language acquisition and cultural competency, and the instruction progresses in complexity, addressing verb tense conjugation, grammar composition, and medical vocabulary during the two quarters.

Due to limited time and resources, the course was designed as a bridge program—a course that offers instruction that bridges students’ previous language skills with the required medical vocabulary and cultural competency needed to serve monolingual, Spanish-speaking Hispanic and Latino patients. The class focused on increasing participants’ skill and confidence, and, given that many students have part-time RN positions, offered feedback and support while they use Spanish in clinical settings. After completing the course, we expected students to continue developing their skills during their second year of studies and after graduation. This included seeking additional professional and personal experiences with Hispanic and Latino populations during the summer after their first year and during preceptorships in the second year of the master’s program. Ultimately, we theorized that this investment, combined with student commitment to continuing their language development, would result in APNs seeking and securing employment working with significant Hispanic and Latino patient populations after graduation. Our belief in the importance of teaching language skills as part of the academic curriculum was supported by Posas and Gámez (2003), who found that APNs are more motivated to learn Spanish during school than when practicing in the community after graduation.

As the University of California, San Francisco, did not have a language department, we sought a private provider with extensive experience teaching medical Spanish to health care professionals. Through working with one of the university’s bilingual and bicultural faculty members in the School of Nursing, the private provider tailored the course to the needs of our nursing students. The course incorporated a strong interactive component and included 16 or fewer participants per class. Both the instructor and faculty member met with students eligible to take the course to evaluate their language proficiency and ability to converse in Spanish at an intermediate level.

The three main differences between the course’s current format and the one implemented during the first 2 years included how students are graded, the language ability of the participants, and the number of contact hours. Currently, participants are given a letter grade, whereas previously they received a pass-fail grade. Students need an intermediate language proficiency to participate, whereas during the first 2 years, both beginner and intermediate instruction was offered. Also, although we now offer 40 hours of instruction over two quarters, we initially offered 20 to 30 hours. These changes are a result of the evaluations and outcomes of the participants.

Evaluation and Outcomes
During the first 2 academic years, 67 students participated in the course. To evaluate student progress, we designed four surveys. The first two surveys were completed after each quarter of instruction, with a 100% response rate. The third survey was completed after summer break, with a 68% response rate. The final survey was completed after graduation, with a 51% response rate. The results of these surveys helped us to make adjustments in the format, participants (number and level of language proficiency), and the curriculum to increase the effectiveness of the current program.

The majority of students surveyed (57%) were already involved in clinical experiences with Hispanic and Latino patients. They were also aware that the lack of language skills adversely affected their ability to care for their patients. Student responses to the question, “What were your reasons for taking the Communicating with the Latino Patient course?”, included recognizing the need to improve their language skills to communicate with patients and families, the need to better understand their patient’s culture, the limited availability of professional translators, and the broader employment opportunities available after graduation with language proficiency.

After completing the course, a majority of the students who responded to the third survey stated that they continued their language development; 78% said that their summer experiences involved interacting with Spanish-speaking individuals. This included clinical interaction.
with patients, volunteer opportunities, participating in the university’s Mexico program through the School of Nursing, personal travel in Central and Latin America, and interaction in Spanish-speaking communities in the San Francisco Bay Area.

In the final evaluation, 78% of respondents stated that they worked with Spanish-speaking patients and used their language skills in their job after graduation. Also, 83% stated that they worked in California. We can extrapolate from these results that our efforts have influenced their ability to provide care for Hispanic and Latino patients. For 57% of the graduating students, this course significantly or moderately affected either their decision or their ability to work with Spanish-speaking patients. Finally, it is clear from both groups’ surveys that there was great desire for more opportunities to develop their language skills and for increased support from the institution. We discuss this feedback and our changes for the following academic year in the next section.

Recommendations
Throughout the pilot program, we reviewed verbal and written student feedback to improve the format, course structure, and content. Our question has always been how to use our resources most effectively to strengthen our students’ language and cultural competency, and the best approach became clear after data analysis. We found four specific suggestions for other institutions seeking to offer medical Spanish courses for health professionals.

Integrate the Course into the Master’s Curriculum. Originally, when the course was offered as an elective, several students found themselves unable to participate due to their full course load and requirements. Our response, based on student recommendations, was to develop and restructure the course to enable students to apply it toward the sociocultural requirement for graduation. We thought this would also signal that the school strives to provide excellent care to ethnically diverse populations, in this case monolingual Hispanic and Latino patients, who are recognized as a large component of California’s underserved community.

Cultural sensitivity is woven into the language instruction. This includes the use of language, tone, and physical space to respectfully approach and engage the Hispanic and Latino patient, and an awareness of regional differences in the vocabulary and communication styles when addressing sensitive clinical issues, such as the caring aspects of pregnancy and childbirth, sexuality, parenting roles, and concerns regarding food and nutrition. In the past year, we have added a specific objective regarding cultural competency, and each session has cultural components supported by readings. These readings address cultural and ethnic identity by region or country, spiritual and religious orientation, and health-related folklore and rituals.

With Limited Resources, Focus on Students with Intermediate Language Ability. During the first 2 years of the course, classes were open to both beginning and intermediate speakers, and both were clearly motivated to learn the language. We recognized that beginning students needed more instruction, so we offered two quarters of 10-week classes for beginners (30 hours), and two 1-day immersion workshops for intermediates (20 hours). Our data show that the attrition rate over two quarters was comparable for both groups and that over the summer they were equally likely to seek a Spanish language experience.

After completing the two quarters of coursework, both groups expressed a concern about their ability to engage a patient in a clinical conversation and requested additional instruction. As our funding could not increase, it became clear that dividing our limited resources between both kinds of students meant it was less likely for either group to reach the level of competency we were seeking.

We had three reasons for selecting to support only intermediate students. First, the beginner-level students did not meet our expectation of self-study. In response to the question, “How many hours a week did you practice your Spanish outside of class?”, almost all (91%) were practicing 3 hours or less, and more than one third (39%) were practicing less than 1 hour per week. We thought this was an insufficient period of time to gain both basic language competency and a medical vocabulary. Second, as Krowchuk and Karb (2004) discussed, four semesters of instruction of any language is still insufficient to achieve conversational language skills to effectively communicate with native speakers. This is particularly challenging with the additional competing demands of a master’s program. Third, a significant portion of intermediate students requested a format change from a 1-day immersion experience to multiple, briefer interactions over a longer time period. As one student said, “A 1-day workshop is easier to fit into my schedule, but shorter, more frequent classes will probably increase my retention of the language.” As a result, we offered intermediate-level students instruction every other week during two academic quarters.

Maximize the Opportunities of Language Development, Particularly Supervised Language Instruction with Feedback. Although the majority of students continued practicing and using Spanish, we noted the reduction of positive feeling about their language capability. In their third evaluation, which occurred 5 months after completing the course, 56% of respondents described their language skill as greatly improved or somewhat improved. However, in their final evaluation after graduation, which occurred approximately 18 months after completing the course, only 47% of students described their ability as greatly improved or somewhat improved since they took the course.

Because we were not satisfied with either of these numbers demonstrating a decrease in language retention, we further increased our contact hours to 40 hours during two academic quarters and currently offer 2 hours of weekly instruction. In the odd weeks, the focus is on grammar and
syntax, as well as cultural awareness. The even weeks consist of supervised conversational skill development, using case studies that reinforce their Spanish-speaking abilities. In these interactive sessions facilitated by nursing faculty, students practice the concepts learned in the prior lesson, stressing the clinical and cultural components.

To further help intermediate-level students, we plan to share information about summer, winter, and spring break opportunities that include community volunteering and short-term study abroad. Therefore, students can find additional opportunities that meet their unique needs and schedules. We also plan to share information about the Communicating with the Latino Patient course with prospective students to give them the time they need to develop their language skill level to take advantage of the course. Finally, we are considering creating online technology to develop interactive programming that can reach more students and may help the beginners move to an intermediate level.

Students also requested more feedback to monitor their progress. We are creating a pretest and posttest to better measure their learning throughout the two quarters. As reflected in the course’s objectives, the test will cover content related to vocabulary, sentence structure, oral fluency, and cultural competency.

In addition, we chose to modify the grading of the course from pass-fail to a letter grade, realizing that the letter grade format gave students more feedback to monitor their progress. In moving toward oral and written final evaluations, we have shifted focus from attendance to competency.

Small, Clinically-Focused Groups Are Key to the Learning Process. Most of the student respondents (99%) stated that class size should be between 8 and 12 students. We think that this number reflects our own observations of language acquisition by our students; that a need for continual practice and feedback by the instructor regarding pronunciation and grammar structure exists. Although this level of attention is costly and limits the number of participants, the language development benefits outweigh the financial costs.

Conclusion

Despite all of the challenges regarding the implementation of Spanish language instruction in a master’s program, these recommendations may help institutions considering offering this important instruction. Language development within the cultural context becomes an imperative in the education of health care providers serving Spanish-speaking populations in the United States. In the absence of such language and cultural competency on the part of the provider, the evidence suggests that patient-provider communication barriers may limit optimal patient health care outcomes.

References


