MEDICAL SPANISH IN MEDICAL SCHOOL PROGRAMS

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OBJECTIVES

• Understand the Medical Education landscape and current state of Medical Spanish in medical schools

• Describe the role of the Latino student and physician as Heritage Spanish learners and educators

• Introduce the Medical Spanish Taskforce and Proposal for Standardization and Research
DEFINING MEDICAL SPANISH

the use of Spanish
in the practice of medicine
for direct communication
with patients
CURRENT STATE

• Communication skills and Cultural Competence are curriculum content standards in medical education, but do not explicitly address communication skills in/with non-English languages

• Most (66%) medical schools claim to have medical Spanish, but quality is variable and best-practice data is lacking

• U.S. Latino population is growing, but medical school Latino representation is stagnant (<5%)
Many Hispanic students report being asked to interpret\(^1\) yet may be unprepared & overburdened.

Medical Spanish courses require an intermediate basic Spanish starting level.

- 53.6\% of all students meet this criteria\(^2\)
- >95\% of Latino students

Latino students are more likely to care for underrepresented minority patients when they graduate.\(^3\)

Attitudes and cultural factors affecting medical Spanish among heritage speakers have not been studied.

LMSA has passed resolution to support standardization efforts.\(^4\)

\(^1\)Vela et al. 2015, \(^2\)ERAS, 2013; \(^3\)Rodriguez et al. 2015; \(^4\)Aquino et al. 2018
STANDARDIZATION OF MEDICAL SPANISH EDUCATION

Create Network of Medical Spanish educators
- Develop consensus recommendations on curriculum, competencies, and assessment

Develop Pilot Study
- Evaluate process and outcomes

Engage Multidisciplinary Stakeholders
- Government, Foundations, Medical schools/centers, Community, Educators both clinical & linguistic
Objective: To improve medical education and learner competency to provide language concordant care for Spanish-speaking patients

Medical Spanish Summit
March 2018

http://MedicalSpanishTaskforce.weebly.com
### SPANISH LEVEL PRE-COURSE SELF-ASSESSMENT

Adapted ILR Scale for Physicians

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
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<tr>
<td><strong>Excellent</strong></td>
<td>Speaks proficiently, equivalent to that of an educated speaker, and is skilled at incorporating appropriate medical terminology and concepts into communication. Has complete fluency in the language such that speech in all levels is fully accepted by educated native speakers in all its features, including breadth of vocabulary and idioms, colloquialisms, and pertinent cultural references.</td>
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<tr>
<td><strong>Very Good</strong></td>
<td>Able to use the language fluently and accurately on all levels related to work needs in a healthcare setting. Can understand and participate in any conversation within the range of his/her experience with a high degree of fluency and precision of vocabulary. Unaffected by rate of speech. Language ability only rarely hinders him/her in performing any task requiring language; yet, the individual would seldom be perceived as a native.</td>
</tr>
<tr>
<td><strong>Good</strong></td>
<td>Able to speak the language with sufficient accuracy and vocabulary to have effective formal and informal conversations on most familiar topics. Although cultural references, proverbs and the implications of nuances and idiom may not be fully understood, the individual can easily repair the conversation. May have some difficulty communicating necessary healthcare concepts.</td>
</tr>
<tr>
<td><strong>Fair</strong></td>
<td>Meets basic conversational needs. Able to understand and respond to simple questions. Can handle casual conversation about work, school, and family. Has difficulty with vocabulary and grammar. The individual can get the gist of most everyday conversations but has difficulty communicating about healthcare concepts.</td>
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<tr>
<td><strong>Poor</strong></td>
<td>Satisfies elementary needs and minimum courtesy requirements. Able to understand and respond to 2-3 word entry level questions. May require slow speech and repetition to understand. Unable to understand or communicate most healthcare concepts.</td>
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Evaluation of a Medical Spanish Elective for Senior Medical Students: Improving Outcomes through OSCE Assessments

Pilar Ortega¹,² • Yoon Soo Park¹ • Jorge A. Girotti¹
Logic Model for Medical Spanish (MS) Standardization in Medical Education

Inputs

Content expertise
National Medical Spanish Taskforce (4 Working Groups)

Medical Education & Research expertise

Funding

Program Activities

Educational Partner Engagement

Year 1

Updated data collection from medical schools and students

Standardization of competencies for Medical Spanish education

Year 2-3

Pilot Program launch at Partner Schools

Program Evaluation

Outputs

1. Standardized train-the-trainer course initiation
2. Agreement with educational partner schools to implement curriculum

1. Updated assessment of Medical Spanish courses from Deans’ survey
2. Medical student graduate questionnaire update to include language data

1. Core competencies / milestones for Medical Spanish learners
2. Core competencies / milestones for Global Linguistic Competence

1. Assessment instruments to evaluate pilot program outcome metrics
2. Results to be used to inform/re revise curriculum and competencies

Outcomes

Increased number of qualified Medical Spanish educators

Increased national accessibility of quality MS education.

Increased number of providers competent in MS including limitation assessment & working with interpreters

Language recognized as medical skill may promote diversity in med. school candidates

Creation of evidence-based framework that can be replicated

Enhanced R/E/A/L data collection that incorporates physician language proficiency

Increased number of qualified bilingual physicians

Competency standard can be used for developing quality assurance certification “best practice” process for bilingual providers

Improved health outcomes and decreased medical error for U.S. Hispanic population

Abbreviations: MS, Medical Spanish; R/E/A/L, race, ethnicity, ancestry, and language

Ortega rev. 09.12.18
CONCLUSIONS: BIG PICTURE

• Medical Spanish fits within communication skills and health equity goals.

• Medical linguistic skills are specialized and require training, quality control, research, and sustainability.
CONCLUSIONS: AT YOUR INSTITUTION...

- Demonstrate **student demand** to gain **administrative support**
- Identify a **faculty** educator or advisor
- Complete **curriculum committee review** process to gain official status
- Use a **standardized approach** – Join the Taskforce!
- Employ an **assessment plan**
- **Collect data** (and publish it!)
- Consider: Dedicated Medical Spanish course (focused) vs. Global linguistic competencies (integrated)
¡GRACIAS!

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¡GRACIAS!