STEEEPing up patient centered care: Introducing the use of medical interpreters in the objective standardized clinical examination[1]

Bryan Morales[2], Amy Rangel[2], Frank Villa Hernandez[2], and Irma Corral, PhD[3]

RATIONALE / NEED

- Latino patients with limited English proficiency are at higher risk for 30-day readmissions, longer length of stay, and other adverse events due to medical errors that result from miscommunication

- One possible strategy to address this health disparity is to increase the number of medical providers who have received training in cross-cultural communication and have mastered practical skills such as appropriate use of medical interpreters in clinical encounters.

- We expanded on past work to pilot test a Spanish-language OSCE by adding the option to use a medical interpreter, which opened the experience to students who do not currently speak Spanish.

- Our aim was to increase medical student confidence in managing a Latino patient encounter through practice of Spanish language, increasing familiarity with interpreter best practices and application, and further education in cultural, social, behavioral, and health care experiential aspects within the Latino community.

METHODS

- Medical students from the BSOM Latino Medical Student Association (LMSA) collaborated with a Spanish-speaking faculty member to write a new Spanish Language OSCE case involving physical complaints consistent with Stage 2 Hypertension.

- Cultural aspects of the case included social status and health behavior changes associated with immigration.

- Six standardized patients and three interpreters were recruited from multiple local and ECU sources.

- The event was advertised among M1-M4 cohorts and 14 students participated.

- Participants conducted a history, in Spanish on their own (those that felt comfortable with their Spanish), OR with an interpreter, and conducted a vitals assessment.

- Afterwards, student doctor competencies in the patient encounter with/without an interpreter and social, behavioral, cultural, and differences in medical health systems were discussed.

RESULTS

- Participants were M1 (46.2%) and M2 (53.8%) students. A sizeable group self-identified their current Spanish language skills as limited to fair (46.2%), with 46.2% describing their language skills as intermediary, and 7.7% as native. Overall, 61.5% of the participants opted to use a medical interpreter.

- Pre-and post-test data were collected to evaluate the experience. In comparison to the pre-test, post-test responses revealed that participants experienced increased understanding of proper techniques for use of medical interpreters; increased understanding of how health behavior patterns change with acculturation; increased awareness of social status changes that can occur during the process of immigration; and increased understanding of how health care practices in the U.S. differ compared to those of Latin America.

- Additional post-test questions assessed participant satisfaction on a 1-5 Likert scale. Notably, participants reported that the session allowed them to evaluate their Spanish language proficiency/comfort level using an interpreter (Mean = 4.77) and that they would recommend the experience to their peers (Mean = 5.00). Qualitative feedback collected on the post evaluation also was very positive.

Table 1. Content Questions (scale of 1 to 5, completely disagree to completely agree)

	Pre Test Mean	Post Test Mean	Significance Level (p)
I am knowledgeable about the proper method/technique to utilize when using a trained medical interpreter	3.92	4.77	.005*
I have a good understanding of how health behavior patterns in the Latino community change with increasing acculturation to the U.S.	3.15	4.39	.001*
I am aware of possible social status changes that can occur for immigrants, as a result of immigration to the U.S.	3.69	4.62	.001*
I have a general understanding of how healthcare in the U.S. is different or the same as healthcare in Latin America or other parts of the world	2.92	4.15	.004*

* Significant at p<.05

Table 2. Program Questions (scale of 1 to 5, completely disagree to completely agree)

	Mean
The Spanish language simulated patient encounter allowed me to evaluate my Spanish language fluency (or allowed me to evaluate my comfort level in using a medical interpreter)	4.77
I learned about at least one new aspect of Latino health and/or healthcare issues	4.85
The session allowed for enough time to discuss and ask questions	4.92
I would recommend this session to any of my peers	5.00

CONCLUSIONS / IMPACT

- If implemented at the institutional level, the above project could address the objectives of IHI Triple Aim and the STEEEP principles outlined in the Institute of Medicine's report, "Crossing the Quality Chasm".

- Future steps will work to develop an inter-professional experience including ECU BSOM affiliated interpreters, an organ specific physical exam, and further education on Latino health, society, behavior, and culture.