

## **Clinical Spanish Proficiency Among Internal Medicine Residents: Identifying Educational Needs**

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### **Background**

The population of Spanish-speaking individuals in the United States continues to grow. Linguistic barriers between patients and physicians contribute to racial and ethnic disparities in healthcare. Language concordance between patients and providers is associated with increased patient satisfaction and understanding of their care.<sup>1,2</sup> More Spanish-speaking physicians are needed to bridge this communication gap. As language acquisition occurs longitudinally, residency training affords a unique opportunity for structured education to advance language skills. However, limited data exist on Spanish language skills and acquisition among residents.<sup>3</sup> Furthermore, whether resident providers adhere to best practices for interpreter use or complete proficiency examinations to perform bilingual visits is unknown.<sup>4,5</sup>

### **Methods**

We distributed an electronic survey to 167 Internal Medicine and 16 combined Medicine/Pediatrics residents at a large academic program. The survey goal was to ascertain residents' prior Spanish language education, perceived language proficiency, barriers to achieving proficiency, patterns of interpreter use, and interest in additional training. Statistical analysis was performed using Microsoft Excel. This study qualified as quality improvement and was exempt from review by the IRB.

### **Results**

Among the 90 (49%) respondents, 76 (84.4%) reported prior Spanish language training. Of those, 41 (45.5%) residents received undergraduate level Spanish training and 37 (41.1%) residents received prior training in medical Spanish. When asked to rate their own Spanish proficiency, 17 (18.9%) reported clinical proficiency, and 8 (8.9%) assessed themselves fluent in Spanish. Among those, only 12 (48%) reported completing a hospital proficiency examination for bilingual providers. Of residents who reported less than clinical proficiency in Spanish, 22% reported rarely or never using an interpreter to communicate with Spanish-speaking patients when pre-rounding. The majority of respondents, 80 (88.9%) expressed interest in participating in a medical Spanish curriculum if offered during residency. Among resident respondents who reported prior training, perceived barriers to achieving full Spanish proficiency included insufficient time and opportunities to practice conversing in Spanish in a clinical setting safe for patient care.

### **Conclusions**

Many residents have had prior Spanish language training, though few feel they have achieved clinical proficiency or fluency. Despite this, residents who report inadequate language proficiency to conduct a clinical encounter in Spanish communicate with Spanish-speaking patients without using a professional interpreter. Additionally, less than half of residents who feel comfortable conducting a clinical encounter in Spanish have taken a hospital language proficiency exam. More robust opportunities for Spanish language education, proficiency assessment, and education on appropriate use of medical interpreters are needed.

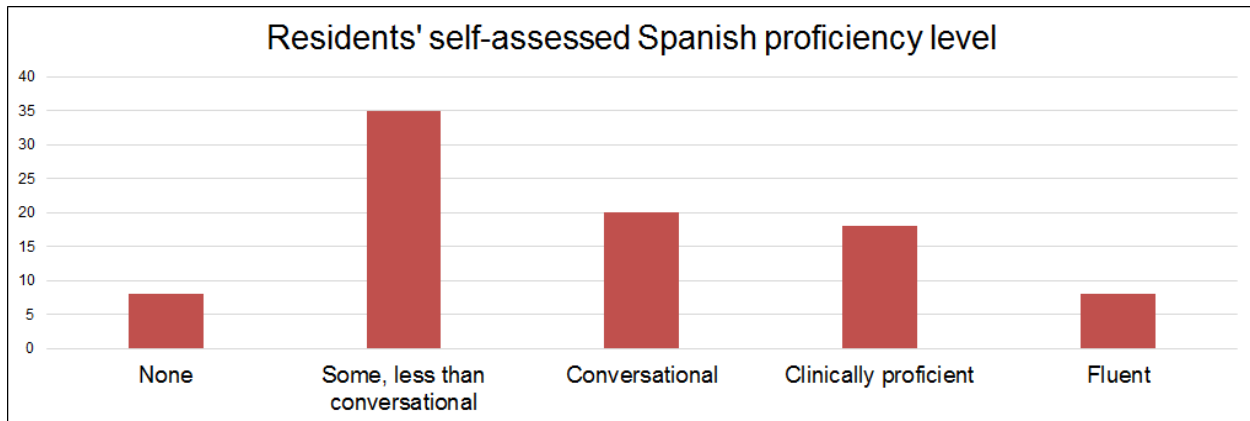
**Hospital and clinic demographic data\***

Patient's Primary Language	Denver Health Inpatient	Eastside	Peña	Sloan's Lake	Webb	Westside
English	78.20%	84.70%	63.70%	85.80%	80.30%	65.30%
Spanish	17.50%	13.00%	33.00%	11.10%	12.60%	31.90%
Other	4.30%	2.30%	3.30%	3.10%	7.10%	2.80%

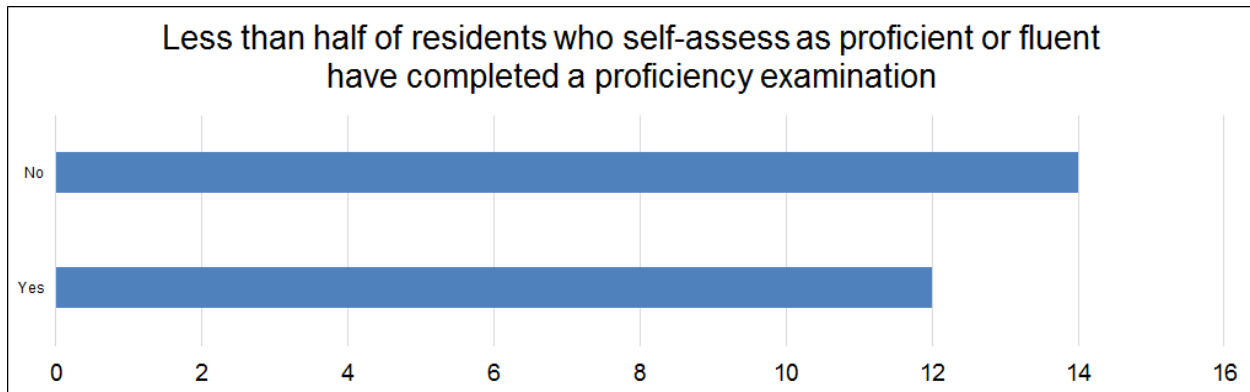
Patient's Primary Language	University of Colorado Hospital Inpatient	Anschutz	Lowry
English/Other	94.18%	97.91%	98.98%
Spanish	5.82%	2.09%	1.02%

\*of note, this data is not available through the Rocky Mountain Regional VA Medical Center

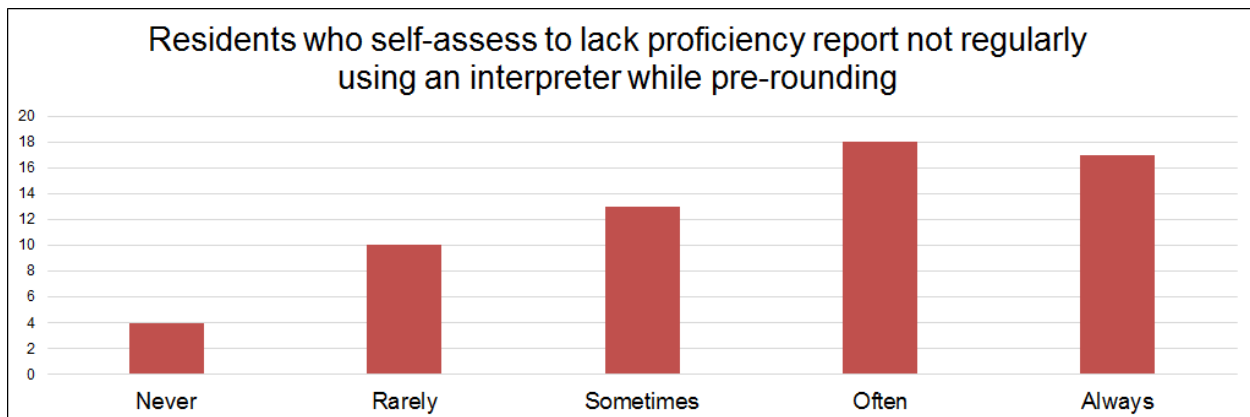
**Figure 1.** Demographic data by hospital and clinic site



**Figure 2.** When asked to rate their own Spanish proficiency, 17 (18.9%) reported clinical proficiency and 8 (8.9%) assessed themselves fluent.



**Figure 3.** Proficiency testing. Among residents who considered themselves clinically proficient or fluent in Spanish, only 12 (48%) reported completing a hospital proficiency examination for bilingual providers.

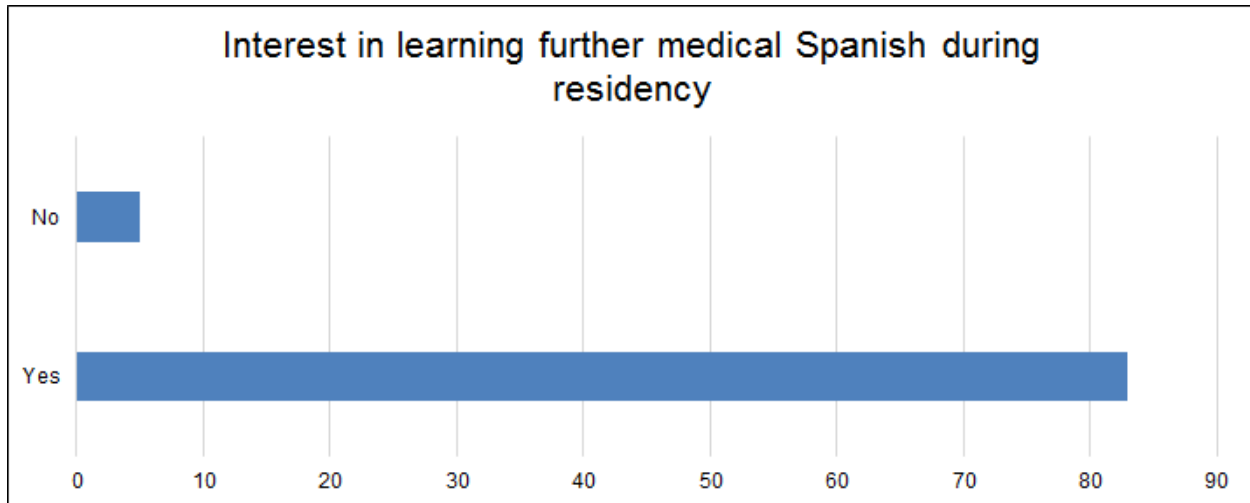


**Figure 4.** Interpreter utilization. Of residents who reported less than clinical proficiency in Spanish, 43% reported not regularly (never, rarely, or sometimes) using an interpreter to communicate with Spanish-speaking patients when pre-rounding.

### Narrative analysis: barriers to achieving proficiency

- “There will always be cultural nuances lost, that only time and practice and exposure will help with”
- “Consistent use/practice opportunities.”
- “Feeling like the practice I need to improve gives my patients substandard care”
- “Not having any immersive experience that forced me to use Spanish regularly hence losing a lot of vocabulary and grammar skills”

**Figure 5.** In a narrative analysis, resident respondents identified the above as barriers to achieving full Spanish language proficiency.



**Figure 6.** The majority of respondents, 80 (88.9%), expressed interest in participating in a medical Spanish curriculum if offered during residency.

References:

1. Ngo-Metzger Q, Sorkin DH, Phillips RS, Greenfield S, Massagli MP, Clarridge B, et al. Providing high-quality care for limited English proficient patients: the importance of language concordance and interpreter use. *J Gen Intern Med* 2007;22(Suppl 2):324-30.
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