Cross Talk: Design and Evaluation of Curriculum to Teach Medical Students how to use Interpreter Services

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Abstract

Working effectively with interpreters has shown to increase the quality of clinical encounters with patients with limited English proficiency (LEP) and more effective communication is a key step in reducing health disparities associated with LEP patients. However, there are few examples in the medical education literature that describe methods on teaching this increasingly necessary communication skill. Telephone interpretation is being used increasingly in clinical settings especially those who serve a large LEP population (like an Emergency Room). Like other communication skills, working with interpreters needs to be taught and evaluated.

Primary objective of the study is to develop and evaluate a low resource model to teach learners how to work with phone interpreters that be replicated in other institutions.

At the UT-Houston, all students rotating through the Third Year Pediatrics Clerkship must participate in a skills workshop during the first week of the rotation. During this period, skills training takes place focusing on the principles of interpreter use. At the end of the rotation, the students voluntarily complete a retrospective pre/post- training de-identified survey.

115 students completed the training since May 2014. The survey response rate is 99%. Statistically significant change of about 2.9 points in mean rating was observed for ability to: know when a trained interpreter is necessary (pre-retro=7.0, post=8.73, change=1.65), maintain the message completely and accurately when using telephone interpreters (pre-retro=6.42, post=8.16, change=1.74). A few patients who were fluent in every language they encounter. Moreover, for many rare languages, live interpretation is difficult to obtain or may delay care. Telephone interpretation is increasingly used given the time constraints, diversity of accessible languages, and limited number of in-person medical interpreters available.

Utilizing telephone interpreters vs. no interpreter (“getting by”) is indisputably optimal for encounters with LEP patients and should be encouraged, given the high risk for errors and potential for adverse patient outcomes. Comparison of pre-retro-surveys and post-survey data showed a statistically significant improvement in self-assessed competency in telephone interpretation use. An observational portion of the study is ongoing and is looking at how this training was used in actual clinical care by reviewing taped telephone interpreter encounters and scoring them on a validated Interpreter scale.

Introduction

More than 25 million U.S. residents speak limited English, which represents an increase of 80 percent from 1990 to 2010. For every 100,000 people with limited English, there were only 105 medical residency applicants who were highly skilled in a non-English language.

Despite the increasing LEP population, many medical schools and residency programs do not have formal training programs on effective communication with such patients. Suggested strategies to decrease the frustration associated with LEP patients include formal training on medical interpreter use.

Such training is associated with high self-efficacy and may enhance patient-provider communication (2, 3). It is unrealistic for a provider to be fluent in every language they encounter. Moreover, for many rare languages, live interpretation is difficult to obtain or may delay care. Telephone interpretation is increasingly used given the time constraints, diversity of accessible languages, and limited number of in-person medical interpreters available.

We sought to determine if structured curriculum on telephone interpretation and exposure to best practices in interpreter-based encounters would further promote medical student satisfaction and self-efficacy in these encounters.

Methods

Third year medical students rotating through the Outpatient Pediatrics Clerkship with the academic year of 2014-2015 are taking part in a newly designed teaching session on cross cultural communication focusing on working with interpreters.

The in-class session began with a brief didactic emphasizing language access issues and the difficulties LEP patient face in the health care system as well as the legal and ethical issues that may arise when trying to communicate with an LEP patient.

At the end of the rotation the students voluntarily complete a retrospective pre/post-training de-identified survey.

Part of the study design will also consist of a case-cohort analysis. The case-cohort comparison will allow for investigation of behavioral outcomes of the learners to see if they are able to implement their training in real life scenarios.

Two blinded research assistants were recruited to independently assess audio recordings of the qualifying interactions, and these audio files were evaluated each week.

Evaluations of each audio file were performed using FORS criteria from the validated Faculty Observer Rating Scale utilized in the study by Liu, et al. (6). Criteria from the tool that were pertinent to critical communication were eliminated, as only student performance was to be evaluated. The rubrics from both evaluators were compared and averaged as a means of quality assurance.

Descriptive statistics will be reported as the mean pre and post scores, with SD, for each question for each group to assess any change in scores. Comparison of retro-pre-survey and post-survey data showed a statistically significant improvement in self-assessed competency in telephone interpretation use.

The observational portion of the study is ongoing and looking at how this training was used in actual clinical care by reviewing taped telephone interpreter encounters and scoring them on a validated Interpreter scale.

Results

Differences by Self-report Before and After the Training on Areas of Confidence and Awareness

<table>
<thead>
<tr>
<th>Area of Training</th>
<th>Pre-training Mean (SD)*</th>
<th>Post-training Mean (SD)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Know when a trained interpreter is necessary</td>
<td>7.08 (2.3)</td>
<td>8.73 (1.3)</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>Maintain the message completely and accurately when using telephone interpreters</td>
<td>6.42 (2.2)</td>
<td>8.16 (1.6)</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>Know how best to use telephone interpreters at the highest quality</td>
<td>6.01 (2.5)</td>
<td>8.18 (1.6)</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>Aware of the unique aspects for caring for LEP patients</td>
<td>6.33 (2.4)</td>
<td>8.31 (1.6)</td>
<td>&lt;0.01</td>
</tr>
</tbody>
</table>

* Standard deviation

The observational portion of the study is ongoing and looking at how this training was used in actual clinical care by reviewing taped telephone interpreter encounters and scoring them on a validated Interpreter scale.

Conclusions

Curriculum increased knowledge and confidence of learners in working with interpreters especially telephone interpretation.

High efficacy and confidence may be important to overcome perceived barriers associated with interpreter use (esp. telephone interpreters). 70% of students found the training helpful. Better reception to the curriculum may occur if it was intertwined throughout the curriculum and not a one time program.

Knowledge acquisition is different than skill demonstration. This study is one of the few that will evaluate learners ability to use skills in actual patient encounters (not just with a standardized patient).

With a growing LEP population, these skills are essential to foster in future health care providers to effectively communicate with LEP patients and reduce health disparities.

References


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