

## **UC Merced**

### **Carter Joseph Abrescy and Larry Kranich Library Award for Student Research Excellence**

#### **Title**

The need for Spanish communication classes in medical education

#### **Permalink**

<https://escholarship.org/uc/item/7xz499rx>

#### **Author**

Fernandez, Brian

#### **Publication Date**

2023-05-11

## **The need for Spanish communication classes in medical education**

### **Abstract**

Throughout the history of modern-day medicine, clinicians and medical professionals have seen sickness and disease as having discrete biological causes. The health care system has seemed to be lacking in advancement recently, with provided care focusing on symptoms of disease and sickness, while not building a trusting relationship with the patient. For a clinician or medical professional to effectively treat a patient and their underlying sickness and or disease, health care workers must be able to navigate across language barriers to aid in linguistically and culturally diverse communities. For clinicians and health care professionals to gain these skills, they must be trained throughout their medical school education with more respect for immigrant, migrant, and or minority Spanish speaking patients by being taught Medical Spanish with a focus on communication skills. The use of Spanish in patient care by clinicians allows for multilingual patients who speak Spanish to understand one another through the variability of language for a focus on patient – centered care and providing the best equitable health care possible.

*Keywords: medical Spanish, patient – centered care, multilingual patients, and equitable health care*

### **Introduction**

The health care system has continued to not understand how patients perception of the underlying disease and symptoms they have are related to the language in which their diagnosis and treatment is explained in. For clinicians to understand what the patient is feeling and how to treat that patient effectively with the patient’s full consent and understanding of tests, medications, and or therapies, clinicians need to utilize a language in which the patient

understands for a more patient – centered care dynamic. The significance for the use of languages other than English in teaching medical practitioners and in providing patient – centered care is necessary for providing equitable health care to all, especially patients who speak Spanish as their first language.

When medical schools are teaching the future clinicians of the United States through a monolingual approach, using only Standard English in the classroom and teaching clinicians patient communication and clinical skills the curriculum is ultimately ignoring a large portion of the population that speaks other languages, such as Spanish. Medical education needs to add classes in which Spanish communication skills are taught for the growing Spanish population in the United States. The use of Standard English in teaching medical education creates a language barrier in the medical field which is set up to not provide the most equitable patient – centered care for the Spanish speaking population in the United States.

### **A Shift in Population Demographics within the United States**

According to the 2019 Census, minority languages are spoken by 22 percent of the United States' population. However, this statistic about the United States' minority language speaking population is skewed according to the Southeast Asia Resource Action Center due to the discriminative nature of the United States Census misrepresenting the number of non-English Speakers due to immigrant families fearing to answer Census questions or the whole Census in general (2019). In fact, Batalova and Zong (2016) show that 40 percent of non – native English speakers have limited English proficiency (LEP), having a difficulty acquiring resources, employment, and other basic needs. The fact that non – native English speakers have LEP relates

to the complex language interaction and dynamics multilinguals exhibit, such as loan words discussed later in paper. When taking this data into consideration, the bigger picture of language barriers arises showing the need for Spanish to be utilized by clinicians for immigrant, migrant, and minority Spanish speaking patients' health care.

In relation to race, the Spanish population has seen an increase and should be treated with equitable health care. According to the United States Census in 2021, the percentage of the population which does not identify as white has grown, with the multiracial population growing by 276% and the white population decreasing by 8.6% since the Census of 2010. A group within the minority demographic of the United States that has been growing is that of the Spanish population, growing to a population size of 62.1 million in 2020, about 19% of the United States' documented population (Funk et al., 2022). These statistics illustrate how the population of the United States has become more diverse, with an increase of bilingual and multilingual individuals. With the increase in the number of multilinguals within the United States and around the world there needs to be change in the way the professional, social, and education sector utilize differences in language to create an inclusive space where the use of minority languages can be utilized (Brooks, 2022). The need for creating a more inclusive space for Spanish speaking patient relies on the communication skills of clinicians, meaning clinicians have to utilize a system where they can optimally navigate across linguistic barriers and adhere to language variability, such as in the translingual approach.

### **Translanguaging**

Translanguaging is a termed used by linguistics to describe the holistic approach to language use, development, and breaking down named language barriers (Otheguy et al., 2015).

Language varieties do not count as standard or named languages due to these varieties being seen as deviant or not natural. The application of translanguaging is not merely just code-switching but looking at language with a holistic approach in mind, focusing on the varieties of language, the interaction of language within one's linguistic repertoire, or utilization of different languages for understanding the diverse world (García & Wei, 2015).

Language is also not standard across the board with there only being one version of each named language, but variations of many languages existing, either as dialects or a mixture of more than one language. These variations of language are due to the individual's development in their linguistic repertoire, where each language known has an influence on their whole repertoire. This idea of all the languages within an individual's repertoire influencing one another is a hallmark of translanguaging, where the heterogeneity of language is used as a tool of communication to enhance understanding (Brooks, 2022).

### **Teaching Languages Other than English in Medical School**

The reported use of language by clinicians is gathered by having clinicians themselves report on which languages they speak, however not knowing the proficiency or correctness of clinicians' languages spoken and not being trained specifically in other languages besides English in the health care setting, this runs into the problem of data showing clinicians' language skills being inaccurately measured (Moreno et al. 2010; Ortega et al. 2019; Jacobs et al. 2006). This inaccurate measurement of clinicians' language repertoire leads to misrepresented data, as well as hospitals and medical schools underestimating the deficit of clinicians' competent communication and care with non – English speaking and minority patients. Within the United States, medical schools have been increasing the offering of medical Spanish classes which

clinicians can opt to enroll in (Morales et al., 2015). These medical Spanish courses are taught for the purpose of teaching Spanish medical terminology to clinicians for the purpose of providing patients with safe and effective health care (Ortega et al., 2019). One of the main reasons for a Spanish medical class to be offered at most medical school is because the Spanish-speaking community is the largest minority group in the United States and is expected to grow (Funk & Lopez, 2022). The focus on languages other than English within medical school and trainings of medical practitioners can lead to disruptions in the monolingual system of health care education and systems, to draw attention to the need for medical practitioners to build complex relationships with language for the essential understanding of medicine in minority languages such as Spanish (Brooks, 2022). For the medical schools to implement Spanish communication skills within the curriculum the schools need to first acknowledge how language barriers are responsible for inequity in health care and what may be the best approach to reduce inequities (Diamond & Jacobs, 2010).

The teaching of Spanish in medical school and how clinicians can better communicate with Spanish speaking patients, leading to Spanish speaking patients feeling they received highly satisfied care (Yousif, 2020). The teaching of communication skills and language is the best way for future clinicians to treat Spanish speaking patients. By teaching future clinicians these communication skills in Spanish for treating Spanish speaking patients, future clinicians will be more linguistically aware of language varieties and barriers as to provide equitable health care and making Spanish speaking patients feel safe and cared for in a monolingual Standard English society (Yousif, 2020; Diamond, Luft, Chung, & Jacobs, 2012; González, Vega, & Tarraf, 2010; Fernández, & Pérez-Stable, 2015). This addition will allow for clinicians to provide Spanish speaking patients with the safe, effective, and equitable health care they deserve (Ortega et al.,

2019). By pushing the need for supplying the health care system with Spanish speaking clinicians the quality of care will increase for minority groups, and with the largest school systems such as the University of California (Fernández, & Pérez-Stable, 2015). With the implementation of language fluency and communication classes the supply of doctors who speak Spanish fluently with complex communication skills increasing in patient – care (Fernández, & Pérez-Stable, 2015).

To teach the communication skills of the Spanish language in the medical school curriculum classrooms would have to be set up to allow for language interaction. A way to teach communication skills in medical school would be to have complex collaborative use of languages such as Spanish to allow for a space to have students utilize multilingual skills of building multiple language use over other languages (Mustonen & Strömmer, 2022). To test whether the implementations of minority languages in medical school curriculum are viable options for educating clinicians in equitable patient – centered care, was done by observing if clinicians use of curriculum objectives, if the clinicians could effectively and quickly communicate with Spanish speaking patients, if translation assistance was overall decreased when communicating with patients, and if patients were satisfied with their treatment and the implementation of communication skills (Binder et. al, 1998). The need for the implementation of Spanish communication skills in medical education allows for Spanish speaking patients to feel like they are receiving equitable treatment and like they are being understood, which all starts with the vehicle of communication.

### **Patient-centered care**

The use of the translingual approach has a variety of benefits to assist in treating and providing equitable and effective health care to multilingual patients. The thought process clinicians have about Spanish having no effect on how a patient should be treated is inequitable and denies patients' accessibility to medical communication and autonomy over their health (Ortega & Prada, 2020). The purpose of using translingual practices when treating a patient can allow for clinicians to understand multilingual patients' use of real linguistic practices, as the patients' native language may not be the only language impacting their understanding of sickness and disease. Within a multilingual's linguistic repertoire, all their known languages are interconnected and dependent upon each other which influence the multilingual patients' understanding sickness and disease; while for a clinician who applies the translingual approach to treating their patient and understanding the patients' view of sickness and disease, can tap into the variability of patient language use and cultural influence to pinpoint the underlying health problem (Brooks, 2022). With the use of the translingual approach, clinicians can recognize the fluidity of patients' linguistic repertoire, such as non-standard use of language and words. With clinicians' use of the translingual approach, they can form language concordance, where the clinicians-patient dynamic is centered around the patients' communication needs. The communication needs of patients' linguistic repertoires can be "creative, critical, and spontaneous", including fluidity in vocabulary, pronunciation, and use of language (Ortega & Prada, 2020). An added benefit to the translingual approach being utilized by clinicians is how health care would become more patient centered, allowing for patients to feel validated in their cross-linguistic and cross-cultural forms of communication (Ortega et al., 2019).



Some ways the translingual approach in patient-centered care could come in many forms, such as medical practitioners utilizing the patient's native language to gain trust and better treat the patients. Medical practitioners have built trusting relationships with their patients by using humor or small talk (Magaña, 2021). An instance of a clinician using interpersonal communication strategies when treating and caring for his non-English speaking Spanish patients, is Dr. Ortiz who practices in the Central Valley where a large portion of the population is Spanish speaking and decent (Magaña, 2021). Dr. Ortiz is described throughout the book as understanding the patients' backgrounds, health problems and concern, and as well as providing treatment to his patients, making sure the patients understand their diagnosis (Magaña, 2021). Dr. Ortiz does this by building trust with his patients, in which many ways of building this trust is by using Spanish, and English loan words for when patients feel more comfortable in using English (Magaña, 2021). This use of loan words and understanding the complex dynamic of multilingual patients who can be non-English speaking or English speaking but not as the first language, is a unique way of approaching health care for migrant, immigrant, and minority Spanish speaking patients. As seen through out Magaña's work, the need for a trusting relationship starts with the language and vehicles of communication that the patients are more likely to use. The need for clinicians to learn the Spanish language themselves to utilize it in patient – centered care would be due to the use of an interpreter for most patients leading to a lower level of a trusting clinician – patient relationship (Bloom, 2014). To assist in clinicians in providing patient – centered care unique to Spanish communication skills would be practicing and implementing a translingual approach (Bloom, 2014). The use of the translingual approach as stated earlier can be with the use of loan words, allowing for Spanish speaking patients to understand the treatment and course of action clinicians are taking for equitable health care

where the patient is comfortable in the use of English words, they are more familiar with in communication.

With patient – centered care there could be many benefits which arise. When Spanish speaking patients receive care from a clinician who utilizes a more linguistically competent communication system the patient is more likely to trust the clinician and feel like they received higher quality health care (Aelbrecht et. al, 2018). However, if there is no set policy for clinicians being fluent in Spanish or using complex language skills Spanish speaking patients are more likely to have higher rates of readmission into hospitals (Karliner, Kim, Meltzer, & Auerbach, 2010). These higher readmission rates were seen to be caused by the language barriers within the Standard English health care system, which shows why the need for a multilingual approach to medical education with a focus on Spanish communication skills is necessary.

## **Methods**

In the collection of literature for the use of this research paper, the modes that articles were gathered was through keyword searches. The engine where keywords was inputted into the University of California, Merced Library search engine for research. The keywords used to gather articles relating to the topic was: *translingual medical education*, *medical education*, *translingual health*, *translanguaging health*, *Spanish population*, and *Medical Spanish*. Once the articles were gathered, to determine if the articles were relevant the articles had to cover topics specific to how languages other than language were being used in the medical education and or patient care. When collecting data from the articles there was a coding sequence used to see how the effectiveness of language such as Spanish and other minority languages use in medical education and patient centered care led to equitable health care.

## **Conclusion**

The equitable treatment of multilingual patients is crucial problem for the medical field to address through language education and proper training. Medical schools and residency training need to be required to have medical practitioners being trained in providing patients better care with the start of utilizing varieties of languages patients' speak and building a trusting relationship. The effect of adding a Spanish communication skills class to the medical education system allows for clinicians to learn and implement communication skills, such as the translingual approach and use of loan words. The need for adding Spanish communication skills in providing Spanish speaking patients is to provide a minority group with equitable health care in a system which ignores the struggle this group has in clinician communication and treatment understanding. With the implementation of Spanish communication skills in patient – centered care would lower the amount of Spanish speaking patients' hospital readmissions due to the Spanish speaking patient understanding the care they need and why it is important to continue it for the sake of their health. With clinicians being able to speak the language of their patient allows for rapport to be built, which in result allows for the patient to trust what the clinician is advising them to do and continue treatment leading to a healthier life and lower readmissions into hospitals. The implementation of Spanish communication skills in to medical school curriculum would increase equitable health care and assist in uplifting an already discriminated community.

## References

- Aelbrecht, K., Hanssens, L., Detollenaere, J., Willems, S., Deveugele, M., & Pype, P. (2019). Determinants of clinicians–patient communication: The role of language, education, and ethnicity. *Patient Education and Counseling, 102*(4), 776–781.
- Batalova, J., & Zong, J. (2016) *Language diversity and English proficiency in the United States*. migrationpolicy.org. Retrieved November 3, 2022, from <https://www.migrationpolicy.org/article/language-diversity-and-english-proficiency-united-states-2015>
- Binder, L., Nelson, B., Smith, D., Glass, B., Haynes, J., & Wainscott, M. (1988). Development, implementation, and evaluation of a medical Spanish curriculum for an emergency medicine residency program. *The Journal of Emergency Medicine, 6*(5), 439–441.
- Bloom, R. (2014). Negotiating language in transnational health care: exploring translanguaging literacy through grounded practical theory. *Journal of Applied Communication Research, 42*(3), 268–284.
- Brooks, E. (2022). Translanguaging Health. *Applied Linguistics, 43*(3), 517–537.
- Diamond, L. C., & Jacobs, E. A. (2010). Let’s not contribute to disparities: the best methods for teaching clinicians how to overcome language barriers to health care. *Journal of General Internal Medicine, 25*(S2), 189–193.
- Diamond, L. C., Luft, H. S., Chung, S., & Jacobs, E. A. (2012). “Does this doctor speak my language?” improving the characterization of clinicians non-English language skills. *Health Services Research, 47*(1pt2), 556–569.

- Fernández, A., & Pérez-Stable, E. J. (2015). ¿Doctor, habla español? Increasing the supply and quality of language-concordant clinicians for Spanish-speaking patients. *Journal of General Internal Medicine, 30*(10), 1394–1396.
- Funk, C., & Lopez, M. H. (n.d.). *1. A brief statistical portrait of U.S. Hispanics*. 1.
- Gonzalez, H. M., Vega, W. A., & Tarraf, W. (2010). Health Care Quality Perceptions among foreign-born Latinos and the importance of speaking the same language. *The Journal of the American Board of Family Medicine, 23*(6), 745–752.
- García, O., & Wei, L. (2015). Translanguaging, Bilingualism, and Bilingual Education. In W. E. Wright, S. Boun, & O. García (Eds.), *The Handbook of Bilingual and Multilingual Education* (pp. 223–240). John Wiley & Sons, Ltd.
- Jacobs, E., Chen, A. H., Karliner, L. S., Agger-Gupta, N., & Mutha, S. (2006). The Need for More research on language barriers in health care: a proposed research agenda. *The Milbank Quarterly, 84*(1), 111–133.
- Jones, N., Ríos-Vargas, M., Ramirez, R., & Marks, R. (2021). *2020 census illuminates racial and ethnic composition of the country*. Census.gov. Retrieved November 3, 2022, from <https://www.census.gov/library/stories/2021/08/improved-race-ethnicity-measures-reveal-united-states-population-much-more-multiracial.html>
- Karliner, L. S., Kim, S. E., Meltzer, D. O., & Auerbach, A. D. (2010). Influence of language barriers on outcomes of hospital care for general medicine inpatients. *Journal of Hospital Medicine, 5*(5), 276–282.
- Magaña, D. (2021). *Building confianza: Empowering latinos/as through transcultural health care communication*. The Ohio State University Press.

Morales, R., Rodriguez, L., Singh, A., Stratta, E., Mendoza, L., Valerio, M. A., & Vela, M.

(2015). National Survey of medical Spanish curriculum in U.S. medical schools. *Journal of General Internal Medicine*, *30*(10), 1434–1439.

Moreno, G., Walker, K. O., & Grumbach, K. (2014). *Self-reported fluency in non-English languages among clinicians practicing in California*. 13.

Mustonen, S., & Strömmer, M. (2022). Becoming a multilingual health professional in vocational education—Two adult migrants’ translanguaging trajectories. *Journal of Multilingual and Multicultural Development*, 1–16. <https://doi.org/10.1080/01434632.2022.2116451>

Ortega, P., Pérez, N., Robles, B., Turmelle, Y., & Acosta, D. (2019). Teaching medical Spanish to improve population health: evidence for incorporating language education and assessment in U.S. medical schools. *Health Equity*, *3*(1), 557–566.

Ortega, P., & Prada, J. (2020). Words matter: Translanguaging in medical communication skills training. *Perspectives on Medical Education*, *9*(4), 251–255.

Otheguy, R., García, O., & Reid, W. (2015). Clarifying translanguaging and deconstructing named languages: A perspective from linguistics. *Applied Linguistics Review*, *6*(3), 281–307.

SEARAC. (2019). *What immigrants need to know about census - SEARAC*. SEARAC. Retrieved November 3, 2022, from [https://www.searac.org/wp-content/uploads/2019/08/SEAA-Immigrants-Census-Confidentiality-and-the-Citizenship-Question\\_FINAL-FINAL.pdf](https://www.searac.org/wp-content/uploads/2019/08/SEAA-Immigrants-Census-Confidentiality-and-the-Citizenship-Question_FINAL-FINAL.pdf)

U.S. Census Bureau. (2019) *U.S. and population clock*. U.S. Department of Commerce.

Yousif, M. K. (2020). *Language Concordance in Medicine and the Need for Medical Schools to Require Taking a Foreign Language as an Intervention Method to Minimize Language Barriers in the U.S.* 26.