Title
Building Connections with Spanish-speaking Patients

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Author
Patten, Eric

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A Focused Clinical Multidisciplinary Medical Spanish Project

Abstract: In California, over 18 percent of the young population speaks Spanish\(^1\) and, in the US as whole, between 41 and 53 million people speak Spanish as their primary language. This may be more than the entire country of Colombia with 48 million or even Spain at 46 million and second only to Mexico.\(^2\) Over \(\frac{3}{4}\) of those Spanish speakers in California list Spanish as their primary language.\(^3\)

I have lived and worked with the Spanish-speaking population of California for my entire life. However, my limited skills in Spanish have created difficulties in interacting with this population both in my personal and professional life. In order to gain a better understanding of both the Spanish language and the Californians who speak it, I spent two months the northern part of California’s Central Valley living with a Spanish-speaking host and working in three clinics serving this population. In addition, I completed an online Canopy Medical Spanish course, developed a digital deck of flash cards to accompany the program, and learned first-hand some issues this population faces related to health care and health care access.

Background: A study of Spanish-speaking patients seeking first time episodic care in a U.S. primary care walk-in facility showed that in 1/3 of un-complicated and 2/3 of complicated cases, there were significant errors in interpretation by nurses.\(^4\) They would fail to pass on critical information, answer for the patient, or at times even contradict what the patient had just said based on the interpreter’s understanding of the patient’s answers to prior questions. While the study also showed improvement after formal interpreter training, this study reflects the importance of being able to speak to a patient directly in determining the correct diagnosis.

Spanish-speaking parents bringing in children for care identify lack of cultural and language understanding by staff as their primary barrier to their child’s health care.\(^5\) The parents also stated that when deciding not to bring their child to a physician, despite a perceived need to do so, lack of understanding was stated in 11% of cases as the primary reason after transportation and cost related issues and said that in 6% of visits, their children were initially misdiagnosed due to the language barrier, showing that these barriers can have significant effects on families as well. Even when the correct diagnosis has already been made, language concordance between patient and physician has also been shown to increase patient satisfaction, patient education, and adherence to treatment even when the physician was not a native speaker.\(^6\)

Unfortunately, the majority of students receive little to no training in interviewing Spanish speaking patients. This is true even here in San Diego, where nearly 25% of the population speaks Spanish and 41% of those say that they speak English “less than very well”.\(^7\) The studies discussed in the background above have shown that language concordance improves both patient care and leads to a more satisfying patient experience. Moreover, as I will be practicing emergency medicine in California, an understanding of Spanish language and Hispanic culture will be especially beneficial to me in the future.
Definition:

The initial goals of the project were as follows:

1. My primary goal in this project was to develop my knowledge of the Spanish language. Specifically, to progress from my current basic understanding of Spanish to the point where I could conduct a focused HPI without the aid of an interpreter.
2. Became more comfortable with using my Spanish in a clinical setting, as this led to avoidance of doing so in the past.
3. Became acquainted with the cultural aspects and barriers to health care that accompany language discordance with health care providers.
4. Learned more about the medical problems migrant farm workers are faced with.
5. Learned about the insurance and financial barriers faced by this population.
6. Gained a better understanding of the place of interpreters in the clinical setting and when one is required.

Methods: I spent a total of six weeks in the Sacramento area working with Clinica Tepati, the Knight’s Landing clinic, and with Dr. Rigoberto Barba in his private clinic. Two of these clinics are run by volunteers and students from UC Davis School of Medicine and all three of them serve Spanish-speakers in the area who struggle with access to health care otherwise. I worked with Dr. Barba at his office three days out of the week, while working at Clinica Tepati on Saturdays and Knight’s Landing on Sundays. At all of these clinics, I saw primarily Spanish-speaking patients and conducted initial portions of the history interview myself. As I progressed with my medical Spanish, I was able to conduct more of the encounter in Spanish and was occasionally able to provide some of the counseling on the Assessment and Plan in Spanish as well. However, I always followed up by speaking to the patient with an interpreter or Dr. Barba to ensure that all communication was clear, well understood, and the patients had the opportunity to have all their questions answered.

While not at the clinic, I supplemented my development by speaking Spanish in the home. My host was a native Spanish speaker, spoke almost only Spanish in the home, and was very supportive of my project in general.

I also worked through the Canopy Medical Spanish software, which was my primary formal measure of success. The program has beginner, intermediate, and advanced curriculum which should take 3-6 months to complete. While not in clinic, I completed the first 2 out of 3 levels of Canopy within the 6 week period. I also took a pre-program and post-program evaluation of both language and cultural proficiency, with the results discussed below.

Lastly, I created an electronic study guide for use by both myself and future medical students. My initial plan was to create a systems based English-Spanish of common phrases and questions for use by me and to be made available to others at the UCSD School of Medicine. However, when I started using the Canopy software, I immediately began searching for an Anki deck to augment my learning. Anki is a publicly available digital flash card library and review program with user made decks available on a number of subjects, free of charge. Almost everything in medicine has an Anki deck to assist in learning. However, I was unable to find a deck there and the few flashcards contained within Canopy were spread across over 100 different webpages and were extremely difficult to make use of. There were also no
markings on the cards for which verbs were irregularly conjugated, leaving users to search each word individually. So, I decided that an Anki deck, made publicly available on their website free of charge, would be of greater benefit to more learners than a booklet confined to my own school. Therefore, I made a deck containing all of the Canopy words and phrases, plus verb conjugations, which currently contains over 900 cards. This deck has already been reviewed by a native Spanish speaker with medical training, and will be submitted for review and incorporation into the Anki database.

**Reflection: Were my goals achieved?**

As stated above, my initial primary goal was to develop a greater comprehension of the Spanish language. However, I found my second goal, to become more comfortable with speaking Spanish, to be far more difficult and important in helping me progress as a speaker. In the past, being uncomfortable speaking Spanish, even when my vocabulary was sufficient for the task, led me to avoid using the language. This avoidance, of course, prevented me from progressing further in my knowledge of Spanish and eventually a deterioration of my current level of fluency, which resulted in further avoidance.

This was a difficult habit to break in the clinic and I often found myself relying on Dr. Barba to aid in my conversations. However, being placed in a situation where I had to speak Spanish daily both at home and in free clinic pushed me to become more comfortable in my abilities, limited as they may be. I gradually learned the vocabulary necessary and became more comfortable with opening up and using my Spanish. By the end of the rotation, I was able to conduct about half of my interviews completely in Spanish. In addition, my Spanish improved from an initial score of 25% on the pre-course Canopy evaluation to a score of 71% after the completion of this program.

More importantly than this, I also came to find how willing Spanish speakers are to assist in my learning. The patients helped me when I struggled to find a word or a way of asking something, and would even take the time to teach me how to ask it properly. Not only that, but the conversation felt much more like a partnership. I would try to use my Spanish as much as I could, they would try to use some English, and we would often end up meeting in the middle somewhere. I initially felt that this outcome would be completely undesirable; however, I helped me learn more about the Spanish language and quickly built rapport between the patient and myself. Their receptiveness to my attempts to learn, more than any increase in ability, is really what made me feel more comfortable in trying.

I also feel that I was opened up a great deal to both the culture and the problems faced by the Spanish speaking population in Yolo County. Dr. Barba knows an incredible amount about Spanish culture as well as geography, and would take several chances every day to teach this alongside the medicine. In addition, I learned from the patients’ first hand stories as well. I had one patient telling me that immigration officers raided the farm she was working at and took her family. The patient begged the officers to deport her as well, but they were under the assumption that she was the boss and told her that they would be back to press charges against her. Another patient talked about his son, who a store owner detained called the police to pick him up because he “looked like an illegal”. These are problems that I have had the privilege to never face, but it opened my eyes to what those of Hispanic origin face in the central valley, where I will be working for the next 3 or more years, and I think it was an extremely valuable experience.

The last of my original goals is one that I did not get as much experience with, which was working with interpreters. However, I set out with the goal of learning when I would require an interpreter. Unfortunately, I feel at this point that I should always have one when available. In one
instance, even when I felt that I understood what a patient was saying, I missed a single “no” in a sentence in response to a question regarding blood in sputum that led me to believe a long term smoker did not have hemoptysis. This could have resulted in me missing a critical diagnosis. However, the interpreter was fortunately able to correct my error. As discussed above, medical errors can easily arise from such misunderstandings and my duty is to put my pride aside do what is best for the patient. However, I will continue to speak Spanish to the best of my ability when patients prefer it, as I believe that the trust and rapport generated from this effort is valuable to my practice of medicine, though I will still have an interpreter present whenever possible.

Future Direction

For my own continued learning, I plan to complete Level 3 of the Canopy learning software and create an additional Anki deck for this level.

This write up will be reviewed by the committee, revised, and will be submitted to the UCSD libraries to be kept on file and available to future students. My experiences at UC Davis free clinics have also driven me to add an Underserved Medicine elective to the end of my 4th year. I never participated in the UCSD student-run free clinics, and feel that I missed a truly valuable experience. In addition, it will provide an additional chance for me to hone my Spanish further, something which I plan to continue doing as a life-long project.

I would also like to thank my committee and all the volunteers at the UC Davis free clinic for allowing me to work with them and to come meet their patients. A special thank you to Rigoberto Barba for opening his clinic to me. I could not have asked for a better teacher, mentor, and friend.

The Anki decks are available for public access at the following URLs:

Level 1: https://ankiweb.net/shared/info/867609560
Level 2: https://ankiweb.net/shared/info/2100263827

1California Department of Education, English Learners By Grade 2011-2012, California, accessed 02/2016, http://dq.cde.ca.gov/dataquest/SpringData/StudentsByLanguage.aspx?Level=State&TheYear=2011-12&SubGroup=All&ShortYear=1112&GenderGroup=B&CDSCode=00000000000000&RecordType=EL


