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Cultural Competence Module 7

Patient-Centered Communication with Limited English Proficiency [LEP] Patients

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Module 7: Patient-Centered Communication with Limited English Proficiency (LEP) Patients

Module Estimated Time: 22-25 minutes

Statement of Purpose:

The purpose of this module is to introduce the importance of patient-centered communication, especially between healthcare providers and patients with Limited English Proficiency (LEP), and it provides some tips with how to identify and bridge the communication gap during the provision of healthcare services while maintaining high standards of care, keeping patients satisfied and obtaining desired health outcomes.

Objectives:

Upon the completion of this module, the learner will:

1. Be able to define and identify LEP patients
2. Learn how to successfully identify communication needs
3. Have increased awareness of the importance of effective communication with LEP patients during the provision of care and the increased risks associated with language barriers
4. Know strategies to properly bridge the language gap with patients

Terminology

(LEP) Limited English Proficiency
Healthcare Interpreter
Medical Interpreter
Misinterpretation
Misunderstanding
Qualified interpreter
Ad hoc Interpreter
Language Barrier
Threshold language
Patient-centered communication
Effective Communication
Proficiency
Patient Satisfaction
Language of Preference (LOP)
Bilingual Staff
Freelance Interpreter
Language Service Provider
Misdiagnosis
Over-testing
Patient Autonomy
Informed Consent
Fluency

1. Importance of Patient-Centered Communication (Introductory Lecture)

Discuss the importance of patient-centered communication and patient-centered care and introduce the definition Limited English Proficiency.

Time: 5 minutes

Materials: None

Patient-centered medicine is a term originally coined to express the belief that each patient "has to be understood as a unique human-being" (Balint 1969). The term has expanded in time to assume the meaning of a type of care that is responsive and respects that needs, preferences and values of each individual patient. In this sense, one might say that patient-centered care is equal to culturally responsive care.

Patient-Centered Communication falls under the big umbrella of Patient-Centered Care as it addresses the communication needs, values and preferences of an individual patient.

Providers interview patients to identify chief complaint and symptoms. After diagnosis, they must educate the patient so they can be an integral part of the treatment plan and make informed decisions. The patient takes an active part in the process of receiving care; he/she becomes a self-advocate and partners with the provider to achieve desired outcomes. This level of partnership is what best describes Patient-Centered Care and it requires Patient-Centered Communication in order to conform to the values and needs of the patient.

Because Patient-Centered Care is very much based on communication with the patient, when this communication fails, the whole Patient-Centered Care platform fails. Communication needs, therefore, become very important, especially when a language barrier is present or the patient's English Proficiency is limited.

LEP (Limited English Proficient) people are individuals whose native language is not English, who may speak no English, or who may use English for social functions, but prefer to express themselves in the native tongue because of their limited English vocabulary or grammar.

The 2010 Census shows an increase of ethnic diversity in the US, including California. Many of these individuals of different origins speak English "less than very well", categorizing by default as LEP. According to the Guidance issued by the Dept. of Health and Human Services, "if a person speaks English less than very well, they are considered LEP."

2. What are the Risks for LEP Patients? (Brainstorming Activity)

Students brainstorm and write down possible risks associated with LEP patients as they try to navigate the US healthcare system; then they report back to class

Time: 5 minutes

Materials: Flip Chart Paper with adhesive back or Tape

4 or 5 Sharpie Markers of different colors, excluding red (Instructor will be using red color to provide feedback)

Preparation: Before class, stick 4 or 5 blank flip chart sheets onto walls of classroom. Write on them "Risks for LEP Patients" as a header.

Explain to students that in this activity they will brainstorm and write down possible risks associated with LEP patients as they try to navigate the US healthcare system and then report back to class.

Before activity - Divide class into groups of 4 or 5 students and ask each group to stand next to one of the papers on the wall. Hand a marker with a different color to each group. Tell groups to brainstorm, and to select a person from their group that will report back to class. Allow 3 minutes for students to brainstorm and write on their flipcharts.
During Activity – Words that students may come up with are: *Not being able to read important documents such as consent forms; not being able to explain symptoms; being misdiagnosed; being over-tested; not be able to self-advocate; not be able to understand diagnosis and treatment.*
At the end of Activity - Allow each group to report back to the class.

3. **Sharing Risks (Whole Class Reporting/Discussion)**

Instructor will circle risks that cross over among groups and will ask students to provide their anecdotal knowledge to support some of the risks identified by the groups

Time: 5 minutes

Materials: Wall Flip Chart Paper used in Brainstorming Activity 2
1 red Sharpie Marker

Before Class Discussion - Start circling all those risks that were repeated by more than one group. Ask any volunteer in class to share their personal knowledge to explain how some of the described risks apply to LEP patients

During Class Discussion - Discussion may lead to examples that distinguish English speakers from LEP in maintaining Patient Autonomy, or understanding their Patient's Rights, or making informed decisions.

4. **Strategies to enable Patient-Centered Communication with LEP Patients (Lecture)**

Instructor provides specific strategies to enable patient-centered communication with LEP patients

Time: 3-5 minutes

Materials: Laptop/Computer
LCD Projector/Screen
Remote Presentation Clicker
PowerPoint of Module 7

Preparation: Before class, prepare laptop, screen and LCD projector. Have clicker at hand to advance Power Point Slides.

Lecture Content - Use the points below to frame your lecture

Slide 1

- Be aware of the federal regulatory landscape around Language Access for LEPs. Title VI of 1964 states that nobody should be discriminated or served in a different manner based on race, color and national origin. Office of Civil Rights links "language" under National Origin since, if an individual has a different national origin, he/she may not speak English very well or at all.

- Executive Order 13166 issued by President Clinton - requiring all federal agencies to work with recipients of federal financial assistance in order to provide "meaningful access" to their LEP applicants and beneficiaries. All providers receiving federal money (such as Medicare or Medicaid) need to have policies in place that meet the federal LEP guidelines. If a healthcare provider is treating an LEP patient, these federal guidelines give the LEP patient the right to receive language assistance in the form of oral interpretation or written translation for medical treatment.

Slide 2

- Other Regulations and Guidance on Language Access exist such as: Medicaid, Medicare, CLAS Standards of Dept. of Minority Health, Health Plan Rules, Managed Risk Medical Insurance Board, Joint Commission Standards on Patient Centered-Communication, DHS California Health & Safety Code S1259, Dymally Alatorre Bilingual Services Act, Dept. of Managed Health Care change to Title 28, & Language Assistance SB-853 requiring commercial health plans to assist with language access.

- Some of these regulations apply only if the population served speaks a "threshold language". A language becomes a threshold language if spoken by a certain % or total number of the population that is served in a given county or geographic area. HHS Guidelines for language provision of written vital documents, such as consents, require facilities to translate documents when the eligible LEP language group constitutes either 5% or 1,000, whichever is less, of the population eligible to be served or likely to be affected or encountered.

Slide 3

- Locate your organization's Policies and Procedures that address Cultural and Linguistic Assistance or Language Access, and find out what language groups or threshold languages apply to the population served by your organization.

Slide 4

- If not already identified during the admission process, if English is not the primary language, ask the patient what language she/he speaks and if he/she prefers to communicate in their native language, or if they feel comfortable with English.
- If patient expresses that they prefer to communicate in a language other than English, make sure you mark their Language of Preference (LOP) in the patient's chart so it becomes a part of his/her medical record.

Slide 5

- Once an LOP has been identified, you can either assign a bilingual staff member to provide direct services to the patient in their language or use a trained interpreter

- If a bilingual staff member is not available, access use of a trained and qualified healthcare interpreter. This may be a staff interpreter that your organization has recruited, or refer to your Policies and Procedures to find out what Language Service Provider, or Vendor, your organization contracts with to access in-person, video remote or telephonic interpreting services.

- Do not use a bilingual staff member as an interpreter, unless he/she is recognized by your organization as a competent healthcare interpreter through screening and testing for language and interpreting skills and knowledge.

Slide 6

- Any time you use an interpreter to communicate with your patient, make sure to document it on your patient's chart.

- If a staff interpreter is used, write down the name of the interpreter who facilitated the communication between you and your patient.

- If an outside/contracted interpreter was used, you should write down the Language Service Provider/Vendor's name, the modality (In-Person, Over-the-Phone or Video Remotely) and the ID number of the interpreter who facilitated the communication between you and your patient.

- Documenting is very important to reduce legal risks in the case of an adverse event and also to demonstrate compliance with regulations in the event of an audit.

5. Final Thoughts on Patient-Centered Communication and LEP (Closing Lecture)

Instructor recaps all risks associated with language barriers and the importance of Patient-Centered Communication to maintain high standards of care.

Time: 2 minutes

Materials: None

Close this lesson with these points:

- These steps will help you enhance the quality of care for LEP patients and enable you to practice Patient-Centered Communication and Care.

- It can be frustrating and very difficult for anyone to navigate the healthcare system. This is can be especially difficult when the individual is LEP.

- Not having full access to services and information can lead to severe consequences, such as inadequate patient diagnosis, lack of timely treatment, lack of compliance or errors in following treatment instructions.

- Patient Centered Care and Communication aims at empowering patients to making decisions together with their providers. This level of decision-making cannot exist without a platform of open dialogue and strong patient/provider trust and respect.