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Title

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Medical Spanish Curriculum in the Pre-Clerkship Phase to Address Language Discordance in LEP Populations

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Background

The U.S. Hispanic population is projected to reach nearly 100 million by 2050, while individuals with Limited English Proficiency (LEP) already comprise approximately 8% of the population, the majority of whom are Hispanic adults. Despite this growth, Latino physicians represent only 6% of the physician workforce, and just 13% of physicians report Spanish proficiency, highlighting a significant workforce mismatch. Language discordance is associated with lower patient satisfaction, decreased trust, and poorer clinical outcomes, whereas language-concordant care improves communication, safety, and health outcomes. These disparities underscore the need for a structured medical Spanish curriculum beginning in the pre-clerkship phase to address gaps in physician-patient language concordance.

Why Pre-clerkship?

Part of becoming a physician is learning the language of medicine. During the pre-clerkship phase, students build foundational knowledge while also being introduced to health inequities. One major inequity is language discordance and the difficulty communicating with patients with Limited English Proficiency (LEP). Incorporating Medical Spanish early provides a low-stakes environment where students can practice clinical communication without risk to patient care. It also reinforces recently covered coursework and helps prepare students who are interested in serving Latino communities to communicate their growing medical knowledge in a way that builds trust and strengthens patient relationships.

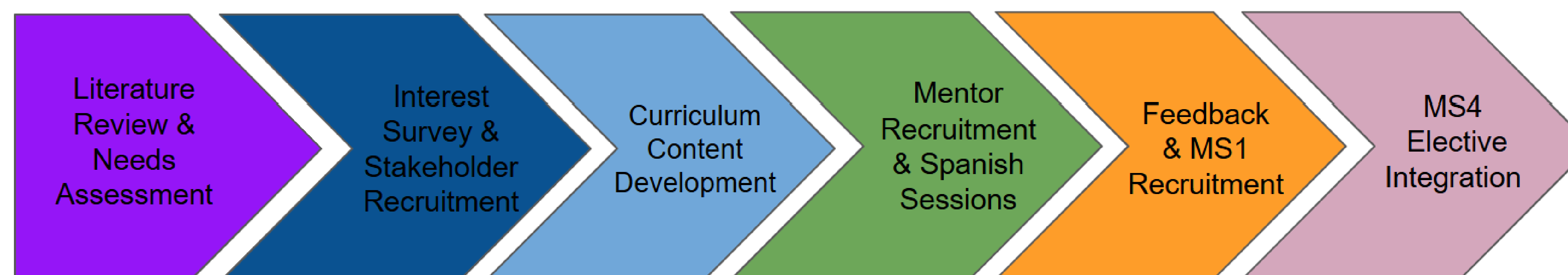
Key Curriculum Components

Medical Spanish Student Interest Group

Medical Spanish Lectures

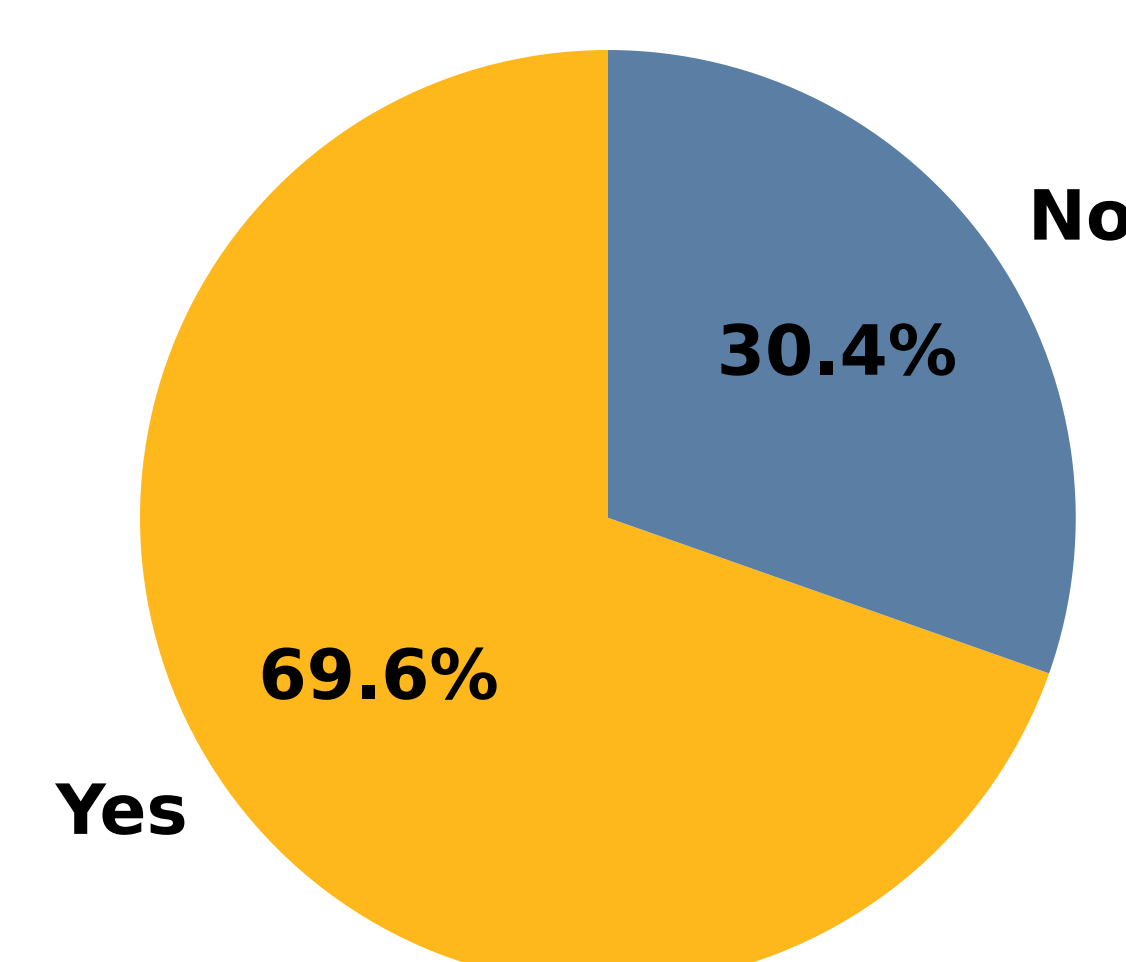
Hands on Physical Exam Sessions

Methods

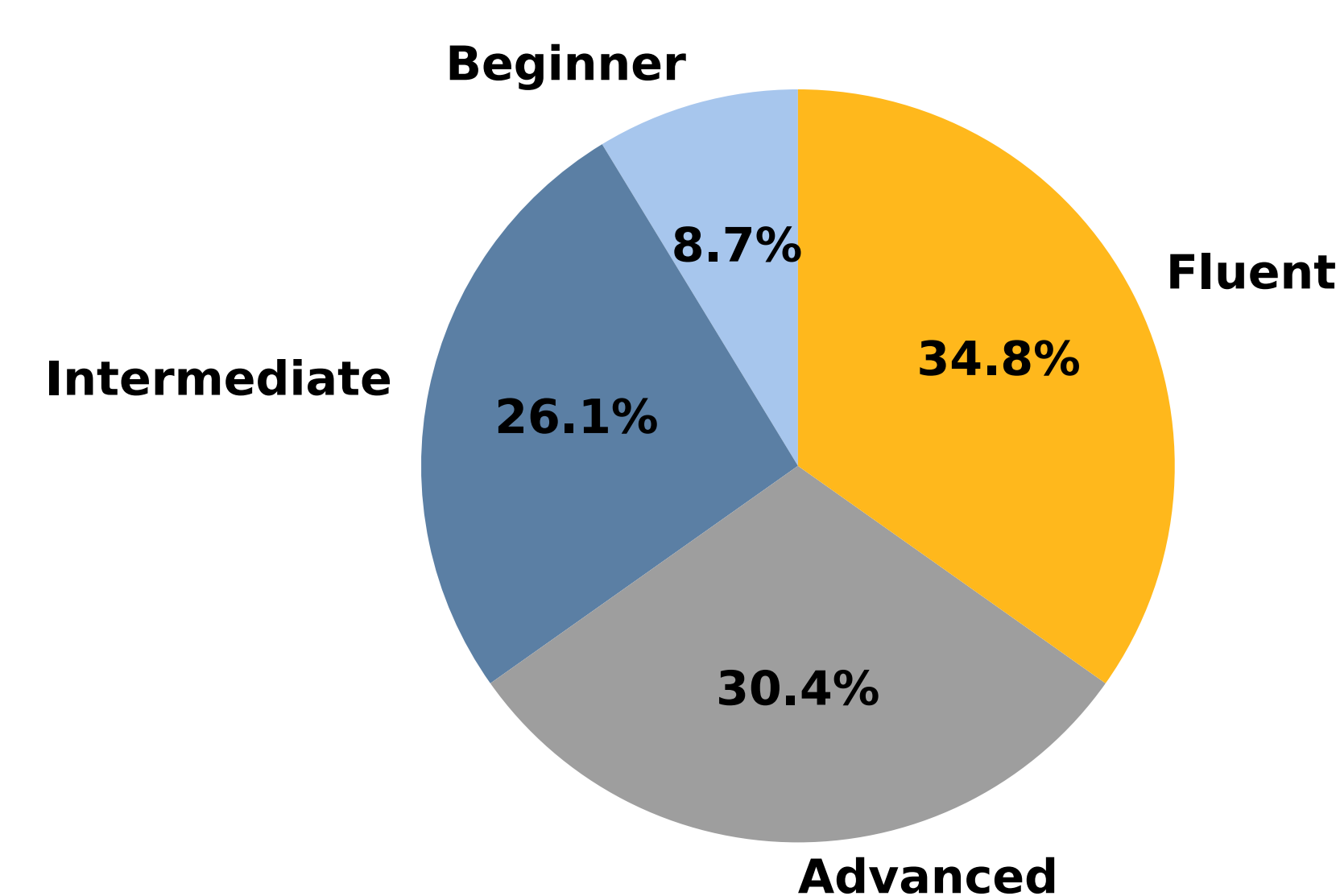


Student Interest Survey

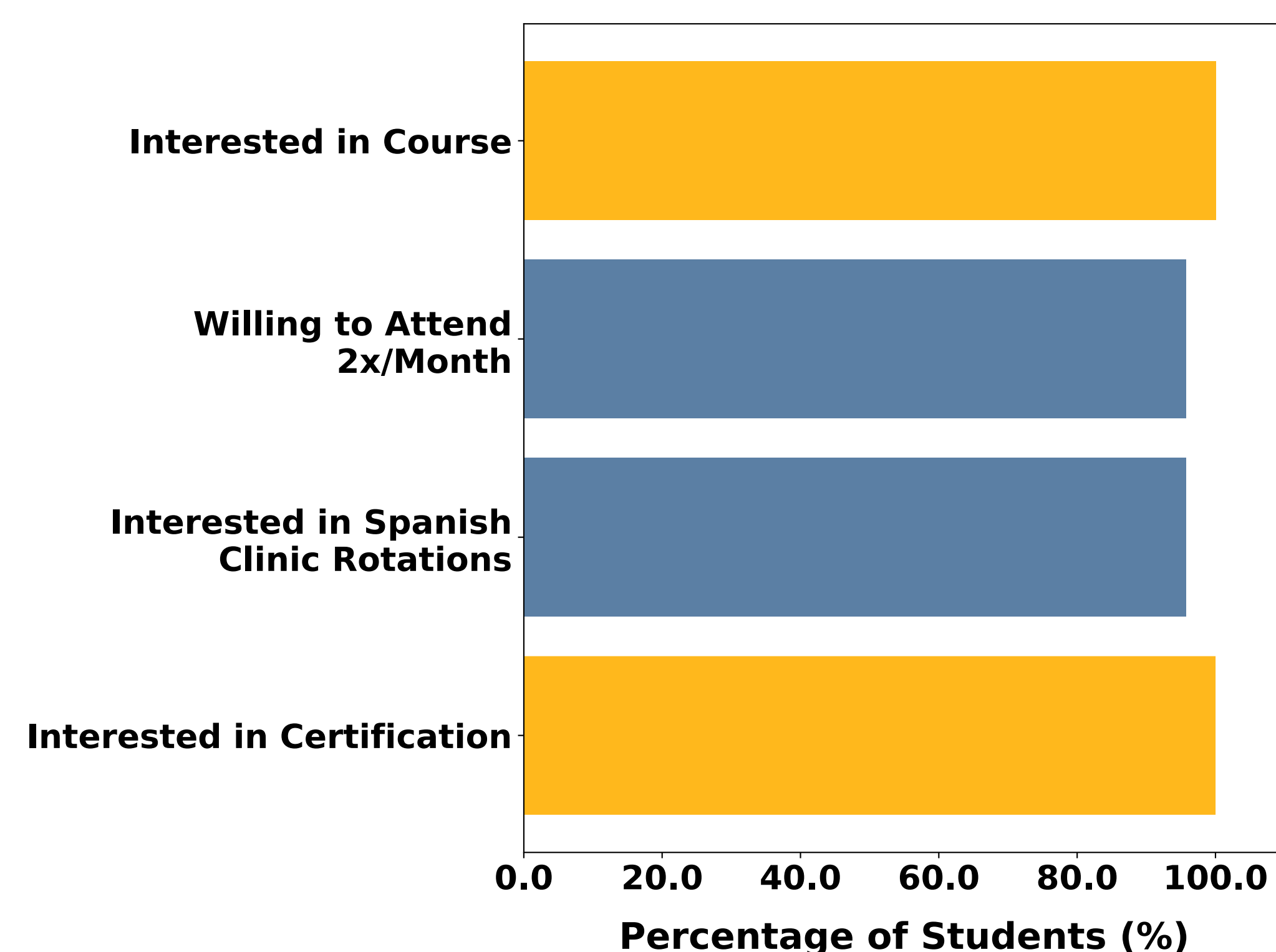
Grew Up Speaking Spanish at Home (n=23)



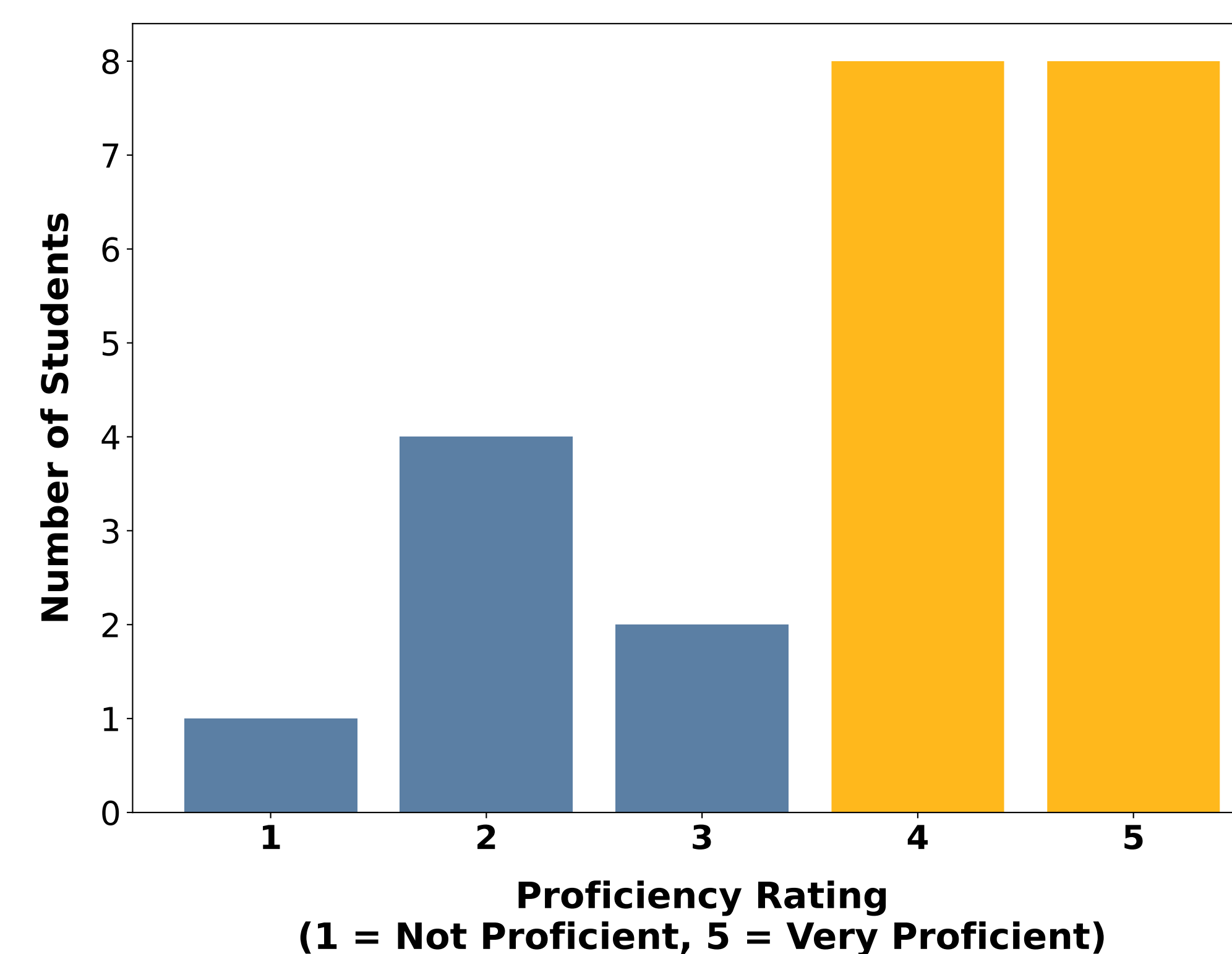
Self-Reported Spanish Oral Proficiency (n=23)



Student Demand for Medical Spanish Curriculum (n=23)



Reading & Written Spanish Proficiency (n=23)



Student Interest was assessed focused on percentage of students who spoke Spanish at home, self assessed Spanish oral proficiency, areas of interest for a medical Spanish curriculum, and self assessed reading and writing Spanish proficiency (n=23).

Challenges

- Limited faculty availability and protected teaching time
- Curriculum time constraints within an already dense student schedules
- Funding needs for assessments and Standardized Patient exams
- Risk of overburdening heritage or bilingual faculty

Resources

- Faculty mentors and clinical champions
- Standardized Patient program infrastructure
- Interpreter and clinical partnerships
- Language educators and curriculum consultants
- Institutional support for course development

Future Directions

- Secure formal course credit and selectives
- Develop sustainable funding strategies for SP and assessment costs
- Expand faculty development & recruitment
- Build structured leadership recruitment from incoming classes
- Establish long-term institutional support to ensure program continuity
- Objective Structured Clinical Examination (OSCE) Integration
- MS1 Summer Immersion Experience
- Community outreach "Platicas"

References

Ortega P **et al.** Health Equity. 2019;3:557–566; Ortega P **et al.** J Gen Intern Med. 2021;36:2724–2730; Ortega P, Avila S, Park YS. Cureus. 2022;14:e22222; Ortega P **et al.** Acad Med. 2020;95:22–31; Reuland DS **et al.** J Gen Intern Med. 2008;23:1033–1037; Sadanand A **et al.** PRIMER. 2018;2:17; Ortega P **et al.** J Gen Intern Med. 2024;39:1088–1094; Moak JH **et al.** Cureus. 2024;16:e73863; Himmelstein J **et al.** Health Aff (Millwood). 2021;40:1126–1134; Parker MM **et al.** JAMA Intern Med. 2017;177:380–387