

UC San Diego

Independent Study Projects

Title

Focused Clinical Multidisciplinary ISP -- Medical Spanish Immersion and Identification of Resources for Medical Student.

Permalink

<https://escholarship.org/uc/item/3q49f2n7>

Author

Platter, Erin

Publication Date

2015

Erin Platter

Focused Clinical Multidisciplinary ISP – Medical Spanish Immersion and Identification of Resources for Medical Student

(https://meded-portal-dev.ucsd.edu/isp/2015/med_spanish/index.html)

Abstract

The language barriers between physicians and their patients have been linked to decreased access to care, impaired patient comprehension, and decreased patient adherence and satisfaction. In California, this is specifically relevant to the Spanish-speaking population, as Spanish speakers with limited English proficiency (LEP) make up 13.70% of the population. As a future primary care physician, I believe offering quality care to all my patients will require my ability to use Spanish in a myriad of clinical scenarios. As a result, I decided to dedicate my Independent Study Project to medical Spanish immersion in a broad range of clinical settings with the goal of experiencing the full scope of family practice including obstetrics, pediatrics, geriatrics and adult medicine all in Spanish. I worked in community health centers around San Diego, participated in the Spanish programs available through UCSD, and worked in a public hospital and clinic in Riobamba, Ecuador. At the end of my experience, I created a list of available opportunities and contacts for medical Spanish immersion in San Diego and abroad, with the hope of making it easier for UCSD medical students to seek out medical Spanish exposure.

Introduction/Background

According to the 2010 Census Bureau, 38.3 million people speak Spanish at home, accounting for 12.8% of the U.S. population (1). That number has more than doubled since 1990. California has the largest population of Spanish only speakers in the US, making up 13.70% of its residents (2), while 28.46% speak Spanish as the primary language at home (3). However, the healthcare system in California and the U.S. has long been geared towards English-speakers. Among California physicians, less than 20% identify themselves as Spanish speakers and in San Diego only 11% of physicians speak Spanish (5).

In recent studies, language barriers between physicians and their patients have been linked to decreased access to primary and preventative care, impaired patient comprehension, decreased patient adherence and decreased patient satisfaction (4). For example, Hispanic patients with Limited English Proficiency (LEP) and chronic diseases, such as diabetes and asthma, have been shown to have more admissions, poorer disease control and poorer medication compliance than English proficient Hispanics or non-Hispanic populations (9, 10). Additionally, parental LEP has been shown to be an independent risk factor for poor health care outcomes in both healthy children and children with special needs (11). While, in the ED, Hispanic LEP patients have been shown to be more likely to have return visits, and to have those return visits result in admissions

(12). There are an uncountable number of studies demonstrating the decreased quality of care, patient comprehension and outcomes in Hispanic LEP patients spanning the full scope of populations from children to obstetrics, adults, and geriatrics. It is logical, therefore, to say that there is a great need for improvement in communication between these patients and their physicians.

As a third year medical student, just starting my rotations, I was struck by the decreased quality of communication between physicians and their Spanish-speaking patients. Our healthcare system puts a great emphasis on speed and efficiency. Therefore, it is understandable that when there is a language barrier most of the precious visit time may be spent trying to overcome that hurdle rather than describing care, reviewing medication or emphasizing health maintenance. As a result, during my rotations I often witnessed physicians attempting to get by with sub-par Spanish, spotty translational services or simply using family members to translate. In fact, recent studies have shown that use of professional translators has only minimally increased in the past 10 years, and that the primary means of translation is still through family members (6). Additionally physicians, specifically residents, use Spanish in clinical situations whether or not they identify themselves as proficient or fluent Spanish speakers (7), and that they tend to over-estimate their Spanish proficiency, attempting to “get by” with less than fluent language skills (8).

It should be no surprise that the health information Spanish speakers are privileged to, especially with regards to preventative care, is less than that of their English-speaking counterparts. Many studies have shown an increase in the quality of patient care and understanding when physicians speak their patients’ primary language, especially in the Hispanic LEP population. While the goal of every physician in the U.S. learning Spanish is obviously not the most realistic way to overcome these disparities, the importance of emphasizing medical Spanish, especially in California, cannot be over-stated.

Methods

For my ISP I decided to work in a wide range of locations both locally and internationally to learn about working with Spanish speaking patients and the role of medical students in these settings. Over two months, I worked in a multitude of programs with the goal of being able to see the full scope of family medicine patients from children to obstetrics, adults, and geriatrics, all in Spanish. As a future physician, this project allowed me to develop a fully functioning medical Spanish vocabulary for a multitude of clinical scenarios. The ISP committee and myself identified places that would be useful to attend and were willing to include a fourth year medical student doing a Focused Multi-disciplinary ISP in Medical Spanish. These locations included the Family Health Centers system and the San Ysidro clinic system, UCSD SOM programs such as VIIDAI and the UCSD Student-run Free Clinic, and Cachamsi, a program in Ecuador connected with local clinics and hospitals.

As I participated in each clinical setting I:

1. Sought out the translational services, outreach and resources available to the Spanish speaking patient population at the location, clinic or program.
2. Observed how the physicians in each clinic used either their own Spanish skills or the translational services available, and which methods seem to be received best by the patients.
3. Learned some of the medical Spanish vocabulary necessary to practice in a wide range of clinics and programs.
4. Evaluated how UCSD medical students could help or become involved in each clinical setting, and the level of Spanish that would be necessary to do so.

With the information obtained during the above two months, I worked to create a website attached to the already established UCSD web system. With each experience and throughout the year I pooled medical Spanish contacts and programs with the goal of creating one comprehensive list that could be posted on the web-portal. While San Diego is known to have a large Spanish speaking population, the exposure of medical students to this patient population is limited. I believe this is, at least in part, a result of little community health exposure and a lack of information readily available to students. With this project I hoped to make it easier for future medical students to seek out medical Spanish exposure and to improve and develop their Spanish skills early in their career. The final product, a UCSD linked website (https://meded-portal-dev.ucsd.edu/isp/2015/med_spanish/index.html), is a compilation of medical Spanish opportunities for UCSD medical students. It includes five main sections – “When and How to Study Abroad,” “Abroad Experiences,” “Spanish Preceptors,” “Online Medical Spanish Course,” and “UCSD SOM Programs serving Spanish Speaking Patients.” The methods involved in creating these sections are detailed below.

When and How to Study Abroad

In order to complete this section I drew from my own experiences studying abroad and I spoke with UCSD’s Clinical Education Coordinator, Denise LeStrange. Together we decided what information students might need to plan their abroad experiences. We included when in the current curriculum it is easiest to study abroad, scholarship opportunities available and how and when to apply, and how to get clinical credits for your experience.

Abroad Experiences

This section is a result of input from former UCSD students who had previously traveled abroad. In order to obtain this information I used the searchable summer experience page on the UCSD SOM webportal, to find names and emails of students who had spent time in Spanish-speaking countries. Additionally, I spoke again with Denise LeStrange and compiled a list of students who had traveled abroad during their fourth year for clinical credit. I then sent emails to these current and former students requesting information from their travels and compiled their information into easy-to-read tables displayed on the website.

Spanish Preceptors

In order to further students' ability to practice Spanish while in San Diego I created a "Spanish Preceptors" section that will hopefully facilitate connections between students and attendings interested in medical Spanish. For this section I contacted facilitators for PCC and ACA who had requested Spanish speaking students, as well as practitioners in the community who I had met during my two-month immersion with an interest in Spanish. I then sent emails asking if they would be interested in precepting for students interested in improving their medical Spanish. If they responded affirmatively, I listed them in the website for two separate purposes. One, for those that are registered as ACA and/or PCC preceptors, so that students now know who they can request if they want to work on their Spanish prior to starting their clerkship. And two, so that students can contact these physicians if they are interested in working or shadowing a Spanish speaking physician with a large Hispanic patient population at any time during their first or second year.

Online Medical Spanish Course and UCSD SOM programs serving Spanish-speaking patients

Both of these sections detail the already existing UCSD SOM programs where students can practice their Spanish. While the programs such as VIIDAI, BHP, HFiT and the UCSD Student-run Free Clinic do have their own web pages (which are also linked to the site), many students are unfamiliar with these resources and by combining them in one location I hope to make their existence more common knowledge. Additionally, I have a tab dedicated to canopy, an online self-paced study and practice in medical Spanish. This was also included to spread awareness of this fantastic resource and to make signing up an easier process.

Reflection

During my months working on my ISP I experienced a wide variety of clinics and services, targeted at Spanish-speaking patients. For the majority of October I worked at the Community Health Centers in Chula Vista and San Ysidro. These Community Health Centers are the largest network of providers to the poor, uninsured, and Medi-Cal patients in San Diego (13, 14). I worked in a wide variety of clinics, gleaned medical Spanish vocabulary from many distinct clinical situations. These experiences included, but were not limited to, working in the underserved High Schools of Southwest and Palomar, working in women's health clinics, on the maternity ward, general adult clinics, pregnancy group counseling, pediatric clinics and parenting classes at the Scripps Well Being Center in Chula Vista. I was impressed by the repertoire of health services offered in Spanish, especially in the Chula Vista area and the ease at which I could become involved and participate.

The most memorable of my experiences were actually outside of the clinical setting or in times where I was able to step away from medicine and speak with patients one on one. For example on one of the mornings I spent in L&D there was a 17 year old patient who came in at 5 months

along with abdominal pain and possible contractions, and we were trying to rule out an early labor. The morning was slow and I was able to sit with this patient for almost 30 minutes just talking in Spanish. I learned she was in Chula Vista pretty much on her own. Her boyfriend was in Tijuana but she had not been able to visit in months due to immigration concerns. She was worried about the baby and did not entirely understand what was going on. I was able to competently explain what we were thinking and what we were ruling out. When we had to do a speculum exam to check for rupture of membranes I explained the process beforehand and the results after. This was one of the moments when I realized the Spanish I was learning would indeed help people in the future (as I had hoped). Being able to competently explain these procedures in Spanish and speak with this 17 year old patient in a very stressful situation made her feel calmer. I felt privileged to be able to help.

During my month in October I also participated in VIIDAI, a collaboration of the UCSD School of Medicine, SDSU School of Public Health, and the medical students and faculty of UABC in Tijuana that serves the migrant farm worker community of San Quintin, Mexico (15). This clinic involved traveling to San Quintin, approximately 4 hours South of the border and setting up a mobile clinic for 3 days in an elementary school. Each day I saw about 5-8 patients, performed the physical exam, developed an assessment and plan, and presented to faculty of either UABC or UCSD. Prior to seeing patients, I also organized the medications that were donated to the clinic and familiarized myself with the medical translation for many common medications such as aspirina and paracetamol. On top of this amazing experience, I also spent time in the psychology unit set up by UABC School of Psychology. Here I was able to listen alongside Psych students as they discussed complex subjects with their patients such as depression, domestic violence and suicidality.

I was also able to spend time at the UCSD Student-run Free Clinic Project. The free clinic is composed of four sites in San Diego and serves those ineligible for access to care within the current health care safety-net. Over 90% of that population is Spanish speaking (17). I worked primarily at the Baker Clinic during my ISP time and was privileged enough to see one of my patients in follow up on three separate occasions. My patient was a 62 year old Hispanic woman with COPD and arthritis. Over the three visits I worked with her as she was having an exacerbation in her COPD, which interestingly enough was believed to be a result of working with chemicals as a cleaning lady for so many years. She had never smoked. As I got to know her better through our visits, speaking Spanish with her became easier. By our last visit we were joking and referencing past encounters. This aspect of continuity was fantastic; it made me more comfortable using Spanish conversationally and gave me a glimpse of how knowing Spanish will improve my relationships with my patients in the future.

In addition to these medical Spanish experiences in San Diego, I was lucky enough to travel to Riobamba, Ecuador and work in a public hospital in the pediatric primary care clinic, as well as in inpatient neonatology. While working in these clinics I had the privilege of working alongside outstanding native physicians who struggled daily with minimal resources and overwhelming patient numbers. One case that particularly sticks with me was a patient born at 36 weeks with

difficulty breathing. He was placed almost immediately on the only ventilator in the hospital. For two weeks we went through the process of attempting to find a reason for his difficulty breathing before he eventually had to be transferred to Quito. Throughout this process I stood alongside the patient, attempting to follow rounds, which involved complex medical jargon in Spanish. I stayed after reading through his charts and translating words from Spanish to English and then looking up those English words (this was my first neonatology rotation). It was an amazing experience, I went from understanding nothing on rounds, to being able to follow the treatment, prognosis and plan for most of the patients on the ward.

In addition to improving my Spanish, I was able to witness how medicine was practiced in a public hospital in a developing country. I was most surprised by the amount of effort that had to be put forth to find up to date medical practices. During my month with the program I helped translate an evidence based review for surgical decision making during caesarian sections. This was a review from AJOG published in 2013 that had not been made available to the OBGYN physicians in Riobamba, simply because it was not available in Spanish. Another impressionable experience enforcing that point occurred during one of my general pediatrics visits when I had a patient with Down Syndrome. The primary physician began going over the growth chart with the family and describing the patient as below the curve for weight and height. As I glanced at the chart I realized they were using a standard growth curve instead of one targeted at kids with Down Syndrome, necessary since their growth is unique. I discussed this with the physician and he informed me he never realized there was a separate curve for Down Syndrome. I went home, printed one out that night, and brought it back to the clinic the next day after translating it's content. The attending I was working under informed me they would use it in the future. It was one of the first times in medical school I felt like I had made a longstanding difference.

These two months I was able to spend working almost entirely in Spanish were absolutely invaluable experiences. I was able to improve my Spanish and vocabulary, learn more about myself and the relationships I hope to have with my patients, and to have some life changing individual experience. I cannot thank enough my ISP committee members, Dr. Sunny Smith, Dr. Natalie Rodriguez and Dr. Marianne McKennett, without whose help this would not have been possible. I only hope that my medical Spanish website can help others to have similar experiences, and continue the tradition at UCSD for excellence in community care and promotion of student growth.

Works Cited Page

1. "Language Spoken at Home: 2012 American Community Survey." American Fact Finder: United States Census Bureau. 2012. http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_12_1YR_S1601&prodType=table
2. "Spanish Speaking State Statistic: US Census Bureau 2012." Statistic Brain. 7 September 2012. <http://www.statisticbrain.com/spanish-speaking-state-statistics/>.
3. "Percent of People 5 Years and Over Who Speak Spanish at Home." American Fact Finder: United States Census Bureau. 2012. http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_12_1YR_GCT1602.US01PR&prodType=table
4. Wilson, Elizabeth; Chen, Alice; Grumbach, Kevin et al. "Effects of limited english proficiency and physician language on health care population." *Journal of General Internal Medicine*. 20.9 (2005): 800-806.
5. "California Physician Facts and Figures." California Health Care Almanac. July 2010. <http://www.chcf.org/~media/MEDIA%20LIBRARY%20Files/PDF/C/PDF%20CaliforniaPhysicianFactsFigures2010.pdf>
6. Decamp, Lisa Ross; Kuo, Dennis Z.; Flores, Glenn; O'Connor, Karen; Minkovitz, Cynthia "Changes in Language Services by US Pediatricians." *Official Journal of the American Academy of Pediatrics*. 132.2 (2013): 396 – 406.
7. Lion, KC; Thompson, DA; Cowdan, JD; Michel, JE; Hamdy, RF; Kilough, EF; Fernandez, J; Ebel, BE. "Clinical Spanish use and language proficiency testing among pediatric residents." *Academic medicine: Journal of the association of American Medical Colleges*. 88.10 (2013): 1478-84.
8. Diamond, Lisa; Schenker, Yael; Curry, Leslie; Bradley, Elizabeth; Fernandez, Alicia. "Getting By: Underuse of Interpreters by Resident Physicians." *Journal of General Internal Medicine*. 24.2 (2009): 256-262.
9. Fernandez, Alician; Schillinger, Dean; Warton, Margaret et al. "Language Barriers, Physician-Patient Language Concordance, and Glycemic Control Among Insured Latinos with Diabetes: The Diabetes Study of Northern California (DISTANCE)." *Journal of General Internal Medicine* (2011): 170-176.
10. Wisnivesky, Juan; Krauskopf, Katherine; Wolf, Michael et al. "The association between language proficiency and outcomes of elderly patients with asthma." *Annals of Allergy, Asthma & Immunology*. 109.3 (2012): 179-184.
11. Eneriz-Wiemer, Monica; Sanders, Lee; Barr, Donald et al. "Parental limited english proficiency, and health outcomes for children with special health care needs: a systemic reviews." *Academic Pediatrics*. 14.2 (2014): 128-136.

12. Gallagher, Rachel; Perter, Stephen; Monuteaux, Michael; Stack, Anne. "Unscheduled return visits to the emergency department: the impact of language." *Pediatric Emergency Care*. 29.5 (2013): 579-583.
13. "Family Health Centers – About Us." Family Health Centers of San Diego. 2014. <http://www.fhcsd.org/about.cfm>.
14. "Combined Family Medicine and Preventative Medicine Residency Training Option." UC San Diego School of Medicine: Division of Family Medicine. 2014. <http://familymedicine.ucsd.edu/combined-residency-training-option.html>
15. Volkmann, Tyson; Fragg, Miguel; Brodline, Stephanie et al. "Drug-scene and exposure to gang violence among residents in a rural farming community in Baja California, Mexico." *Global Public Health*. 8.1 (2013): 65-78.
16. Ojeda, Victoria; Eppstein, Amy; Lozada, Remedios et al. "Establishing a binational student-run free-clinic in Tijuana, Mexico: A model for US-Mexico border states." *Journal Immigrant Minority Health*. 10.0007 (2013): Published Online.
17. Beck, Ellen. "The UCSD student-run Free Clinic Project: transdisciplinary health profession education." *Journal of Health Care for the Poor and Underserved*. 16 (2005): 207-219.
18. "Border Health Project at UCSD." UCSD School of Medicine: Latino Medical Student Association. 2014. http://meded.ucsd.edu/index.cfm/groups/lmsa/community_outreach/border_health_project/