

# UC San Diego

## Independent Study Projects

### Title

Medical Spanish in Underserved San Diego County

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Reflections of Experiences

This FCM-ISP, developed with the assistance with Dr. Natalie Rodriguez, aimed to provide an immersion experience in medical Spanish through a variety of methods. The majority of the medical Spanish self-learning was achieved through the use of Canopy. The "book-learning" of Canopy was supplemented by clinical experiences throughout several underserved clinic sites in San Diego County where Spanish was able to be practiced during patient encounters. Additionally, based on the time spent at a variety of community sites, I came face to face with the social determinants of health that often times prevented or hindered our patients' abilities to seek out care. Overall, the experience was an exceptional--one that was not only practical in allowing me to practice medical Spanish but also one that helped me better understand a patient population that has difficulty with accessing medical care.

The use of the Canopy provided much of the vocabulary needed to achieve a basic level of conversation with Spanish speaking patients. Canopy was separated into three "Levels", each containing multiple self-paced modules that introduced the user to basic vocabulary, common phrases, cultural issues, and grammar. The modules allowed the user to test their knowledge with practice questions and even a quiz at the end of each section. The "Telenovela" at the end of each section allowed for me to fully immerse myself in a medical-drama spoken entirely in Spanish. Each module covered a variety of topics all the way from newborn care to end of life discussions. Throughout the ISP, Canopy was used at home for approximately 2-4 hours per day, 3-4 times per week. This amount of time was good to provide the necessary basics to head into the clinics and speak/understand several essential phrases and terms. As additional lessons in Canopy were completed throughout the two months, more and more phrases and conversation starters could be added to the knowledge bank which helped out in the clinical settings with patients. My overall experiences with the application were great--it was incredibly easy to use, kept me very interested (self-tests, telenovela) and proved very useful for speaking in Spanish at the clinics. Some of the lessons within the application however, were not that helpful for use within the underserved clinics--ie. discharge planning, OBGYN/prenatal care. Additionally, as the lessons went on, there became a great emphasis on grammar and verb tenses. While understanding some of the basic tenses (present, future, past) were very helpful in the clinic, some of the more difficult tenses (present perfect, progressive, imperfect) became a bit too specific and detailed for the amount of time I was spending with the application and the amount of time I was spending in the clinic (<2 months). I would imagine that if this project were to span a greater amount of time, more time could be spent on improving my understanding of verb tenses, especially since I found that I was using the application as my main source for understanding phrases and medical vocabulary rather than grammar/writing skills. I would wholeheartedly recommend this application for any medical student seeking to learn vocabulary and phrases that could easily be used at the Free Clinic sites or even on the wards in the hospital during their clinical years.

Throughout the ISP, my Canopy knowledge was supplemented with clinical experiences at the Mid-City Pediatrics Clinic. I would attend this clinic 1-2 times per week and work with a variety of preceptors (Dr. Aaron Zaheer primarily, Dr. Gregor Andree on other days). This clinic is located in an underserved area of San Diego and caters primarily to a patient population that is uninsured as well as Spanish-speaking. My experiences here were excellent--working with the preceptors, I was able to go into patient encounters (well visits vs acute visits) and take the relevant history in Spanish. I would then leave the room after performing a relevant exam and present to the attending and formulate the plan for the patient today. Often times, the preceptor would allow me the opportunity to try to tell the plan to the patient in Spanish though this proved to be far more difficult than taking the history/performing physical. This experience helped me feel more comfortable in my Spanish speaking and listening skills. The patient population I worked with often times understood a bit of English so whenever I struggled with certain phrases or words, we would be able to meet halfway to get through the encounter. Canopy was more than sufficient for the vocabulary/phrases needed for the Pediatrics Clinics--this experience was also made better by being a fourth year medical student who had already completed an ambulatory primary care sub-internship in pediatrics prior to this--I did not have to focus too much on "feeling comfortable in clinic" which may be an issue that a younger 1st or 2nd year medical student may have if rotating through this fast paced clinic. Throughout the clinic encounters, I had the opportunity to see multiple adolescent visits and was able to talk about uncomfortable topics such as sexual activity, drug/alcohol use, family and home life. These encounters were perhaps the most difficult and would probably have gone better if I had a much more extended project to feel more comfortable speaking and understanding Spanish.

The final part of my ISP was spending 2-3 days per week at the various UCSD Free Clinic sites (particularly Baker and PB but several times at downtown). Having done the Family medicine 4th year elective previously (in addition to spending several years at Free Clinic previously), it was a great environment that would be conducive to allowing me to practice my Spanish skills without the added time pressure of a busy outpatient clinic or without the knowledge acquired through the 4th year elective. Using my Canopy knowledge, I acted as my own translator throughout the entire encounter and when there was a first year medical student available, I would act as translator for the first year student. This was probably the most useful and practical experience that I took away from my ISP as it combined all the elements I had set out to accomplish--practice/speak Spanish, provide care to an underserved population, and witness/learn more about the social determinants of health. One particular patient I remember seeing was having difficulty with medication adherence and did not seem to understand how to use her glucometer. After spending a good amount of time with pharmacists and with the medical team, we were able to get her set up with better dietary choices, a log book, and an empowered sense of using her glucometer and insulin regularly. Being able to somewhat understand what she was saying in Spanish provided a different level of understanding that I think can sometimes be lost when hearing about it from the interpreters. Feelings and emotions are better able to be conveyed when one understands the language or at least is paying a greater amount of attention to the words spoken--I think this was a pleasant surprise that came up throughout my time at Free Clinic and felt as if it enhanced my connection to the patients I

would interact with. The patients were friendly and the attendings I worked with were very understanding of my project to practice Spanish and I felt as if all my experiences through the ISP culminated in the ability to conduct an entire visit at Free Clinic with the patient (intake, exam, explaining plan, fielding questions). I would wholeheartedly recommend any medical student who wishes to get practice with speaking Spanish in a comfortable and safe environment to do so through Free Clinic which was a great experience.

Overall, this FCM-ISP experience provided me a great practical experience that allowed me to spend dedicated time to learn and practice medical Spanish, an extremely useful skill that I will take forward as a future pediatrics resident. I will utilize the skills, phrases and vocabulary learned through Canopy and will continue to defer to the application whenever I need a brushup on a particular topic. Additionally, having a better sense and knowledge of the social determinants of health will better help me serve a patient population that has difficulty accessing care which will improve my ability as a physician to serve all my patients.

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