

# Providing Safe and Effective Care for Patients with Limited English Proficiency

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## Course Guide

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## Background

### RELEVANCE AND NEED FOR THE CURRICULUM

Evidence suggests a strong relationship between high performance team work and patient safety.<sup>1</sup> However, health professions students do not typically receive routine, formal training on the key principles of patient safety and the prevention of medical errors. In a survey of U.S. and Canadian medical schools, only 25% reported that their schools had explicit patient safety curricula.<sup>1</sup> Despite some movement towards improving education regarding patient safety, there remains a dearth of training for health professions students focused specifically on safety among culturally diverse patients and patients with limited English proficiency (LEP). Research has shown that patients with LEP are more likely to suffer adverse events than English-speaking patients and are more likely to experience medical errors due to communication problems.<sup>2</sup>

The lack of training in this area has consequences on the preparedness of medical students, nursing students, residents, and ultimately on practicing clinicians to care for the growing minority and LEP populations in the U.S. In a large national survey of resident physicians in their last year of training, approximately one in three had used a child under the age of twelve as an interpreter, and approximately one in four did not feel prepared to care for patients with LEP or patients with health beliefs at odds with the Western medical model.<sup>3</sup> Similarly, 80% of students surveyed at Harvard Medical School reported feeling inadequately prepared to care for patients with LEP.<sup>4</sup> With insufficient training in this area, our future healthcare workforce is ill-equipped to address disparities in quality and safety and achieve equity for this population.

*Providing Safe and Effective Care for Patients with Limited English Proficiency* is a focused, interprofessional curriculum for medical and nursing students centered on a team-based approach to providing high-quality, safe, and effective care for culturally diverse patients. Healthcare delivery redesign, including greater accountability for both individual patients and population-based outcomes, calls for interprofessional education to achieve team competencies.<sup>5</sup> This curriculum consists of three web-based e-learning modules, three in-person classroom sessions, and online group activities that provide students with opportunities to develop skills and techniques for providing safe, effective care for patients with LEP in a team-based environment.

### CURRICULUM GOALS

The overarching goals of the curriculum are to:

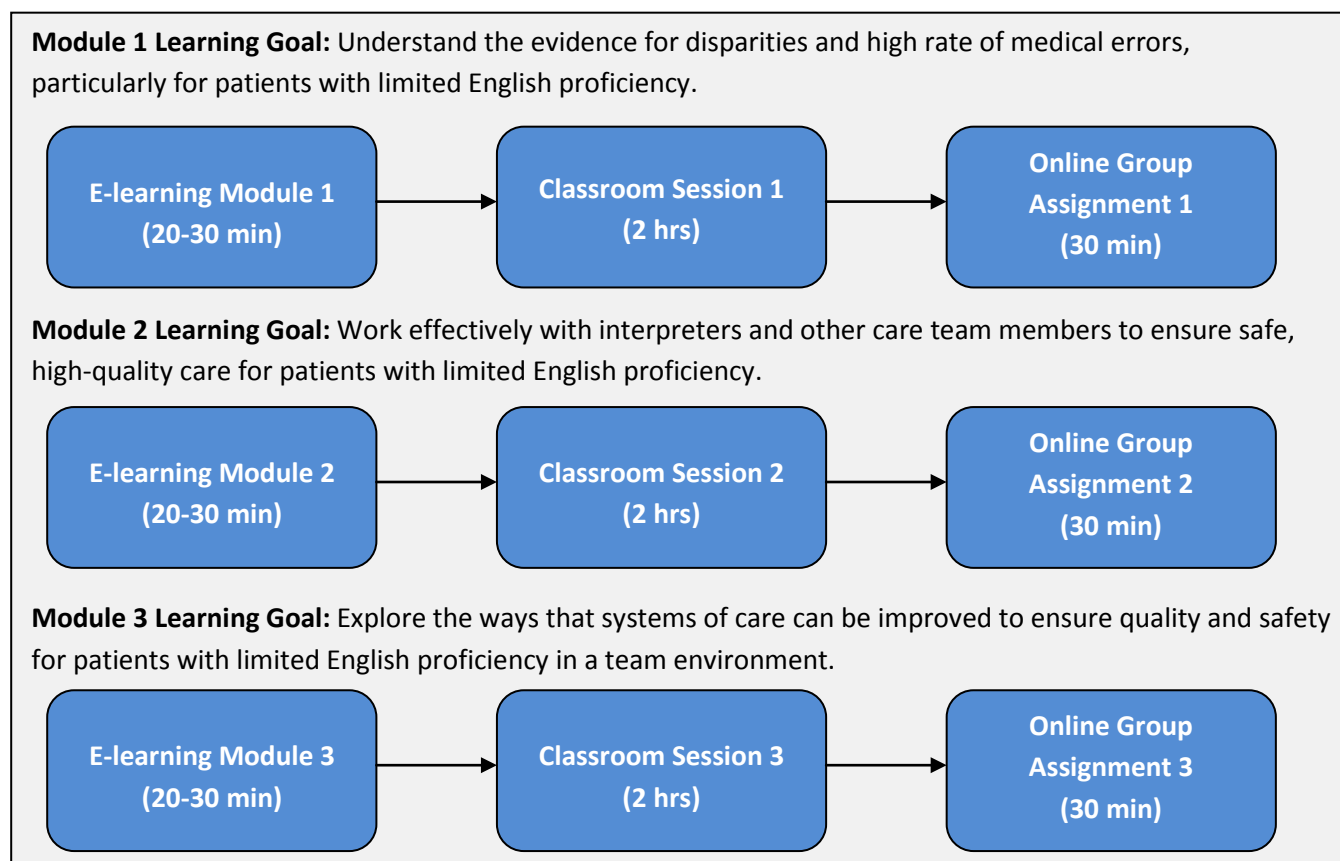
- Contribute to advancing the field of interprofessional education and team-based care
- Promote transformation of the healthcare system toward prioritizing the needs of culturally diverse patients with limited English proficiency
- Educate health professions students to:
  - Understand the evidence of disparities and high rate of medical errors, particularly for patients with limited English proficiency
  - Work effectively with interpreters and other care team members to ensure safe, high quality care for patients with limited English proficiency
  - Explore how systems of care can be improved to ensure quality and safety for patients with limited English proficiency in a team environment



## CURRICULUM DESIGN

This curriculum was designed to have the flexibility to be used by health professions schools to implement their own approach to education on this topic. Given its web-based, self-study format, the curriculum can be used—at a minimum—without major faculty development efforts. However, it also includes components that allow for group teaching and facilitation should the faculty and resources be available. Ideally, implementation of the curriculum will involve a blended learning approach with use of the e-learning modules as well as classroom sessions led by trained facilitators and participation of interpreters. We recommend engaging the Director of Interpreter Services within your institution to serve on a panel along with course instructors for added perspective.

The curriculum map below outlines the flow of the course, which we pilot tested with an interprofessional group of students from Harvard Medical School and the MGH Institute of Health Professions and revised with their feedback.



## PURPOSE OF THE COURSE GUIDE

E-learning is particularly effective for delivering content but does not allow for in-person discussion of ideas, sharing experiences, or practicing skills in a real clinical setting. In addition, faculty are often not able to answer students' questions in real time. For these aspects of learning, a blended learning strategy that includes live, small-group sessions that are built on the core e-learning experience can be an option. The purpose of this course guide is to walk faculty through a recommended approach to leading small group, interactive sessions with students. This guide also includes guidance on how to bring nursing students and medical students together and how to involve other team members, such as interpreters.

## TIPS FOR EFFECTIVE FACILITATION

In addition to instructions for course leaders, this guide includes guidance for small group facilitators. The facilitator's role is to lead and moderate discussions during the classroom sessions related to different case studies, videos, and simulated exercises regarding delivery of care for patients with LEP and working in an interprofessional, team-based environment. You do not have to be an expert in providing safe and effective cross-cultural care or in interprofessional education and collaboration, but you will be encouraged to provide your own perspective and insight from any relevant experiences you may have. This guide will also provide you with prompts and possible answers to discussion questions to help facilitate discussion among students.

Below are some helpful tips for effective facilitation, whether your role is as the course leader, the team discussion facilitator, or both:

- Describe your role as facilitator and the general objectives of the discussion or exercise if not done previously.
- Encourage team members to listen respectfully to different perspectives without interruption, avoid monopolizing the conversation, and contribute to a constructive and educational discussion.
- Try to engage all students in the discussions raised in the course guide. Feel free to go with the flow of conversation and use different questions or prompts accordingly.
- Assist the students in having a constructive discussion within the allotted time frame for each activity. Keep track of time, and ensure that everyone is given an opportunity to participate.

## INTRODUCTION TO CLASSROOM SESSION GUIDES

Each of the guides in the section that follows includes an overview for course leaders, information on how to prepare for the classroom sessions, and instructions for course leaders and team facilitators on how to lead each session. The guides also include instructions and handouts for the online group assignments that students are expected to complete after each session. These assignments provide students with an opportunity for interprofessional interaction outside the classroom and reinforce concepts discussed in each class.

Each module also includes handouts and PowerPoint slides that can be adapted depending on the resources and educational objectives of your institution. The handouts and instructions for team-based activities are included in the guide for course leaders and facilitators and also appear in the "Handouts" section accompanying each module. Module 2 includes appendices with instructions and materials required for each of the roles in the exercise: students, patient simulators, and interpreters.



# Module 1

# Classroom Session Guide

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## MODULE 1 CLASSROOM SESSION

### OVERVIEW FOR COURSE LEADERS

This classroom session follows e-learning module 1, which presents information on the various factors that can compromise safety and effectiveness of care for patients with limited English proficiency (LEP). In this classroom session, students will engage in learning activities that build upon awareness and sensitivity to these influencing factors. Small group assignments will facilitate introduction to team-based competencies.

#### Module 1 Learning Goal

Understand the evidence for disparities and high rate of medical errors, particularly for patients with limited English proficiency.

#### Module 1 Classroom Session Learning Objectives

1. Recognize gaps in knowledge and skills regarding safe care for patients with LEP.
2. Recognize value of interprofessional collaboration, communication, and teamwork to improve safety for patients with LEP.
3. Describe core competencies for interprofessional collaboration.
4. Develop interprofessional team-based strategies for working effectively with interpreters to prevent adverse events for patients with LEP.

### PREPARATION FOR CLASSROOM SESSION

#### Materials Needed

- Computer, projector and screen, student name cards, markers, flip charts for each student team
- PowerPoint slides
- Copies of the course guide for team facilitators
- Student team folders with copies of handouts (1 folder per team)
- Handouts for Students
  - Case scenario and team discussion questions for the reflective exercise
  - Questions for video case scenario team discussion
  - Online assignment instructions
- TeamSTEPPS “Opportunity” video  
<http://www.ahrq.gov/legacy/teamstepstools/lep/videos/downloads.htm>

#### Student Preparation

Give students time to complete the following before attending the classroom session:

- E-learning Module 1



## INSTRUCTIONS FOR LEADING CLASSROOM SESSION

### Introduction – 30 minutes

#### Before Classroom Session

- Course instructors group students into teams to provide for diversity based on students' profession and experience working with patients with LEP, if known or assessed ahead of time.
- Tables should include name cards so that students are immediately seated in their teams when they enter the classroom.
- In pilot testing this curriculum, course instructors were joined by the Director of Interpreter Services, who facilitated class along with the course instructors. This added a valuable perspective to large group debriefings and is recommended when implementing this course.

#### During Classroom Session

##### Basic Introductions – 15 minutes

- Course instructors welcome students and any other participants or observers to the classroom session.
- Students introduce themselves by providing: name, program, and reason for enrolling in the course.

##### Introduction to the Course – 15 minutes

- Course instructors present the PowerPoint slides.

### Interprofessional Icebreaker – 30 minutes

#### Before Classroom Session

- Course instructors assign a team facilitator (who is not a student) to each team. Facilitators may be other faculty members, teaching assistants, or other experienced team facilitators.
- If professional interpreters have been invited, the course instructors assign an interpreter to sit with each team and participate in the discussion from their perspective as a professional medical interpreter.

#### During Classroom Session

- Course instructors introduce the activity, inviting students and interpreters to discuss the questions on the PowerPoint slide in their teams. Questions include:
  - *Students:*
    - Describe the training and education you receive as a nursing or medical student. How does your training differ from your colleagues in the other profession?
    - Describe your experience (if any) working with interpreters. This can be professional interpreters or ad hoc interpreters (e.g., patient's family/friend or staff who speak the language but have not been trained as medical interpreters).
  - *Interpreters:*
    - Describe your day-to-day work. What is a typical day like for you? How do you get assigned to interpret for a patient? What is your schedule like

- The team facilitator takes a back seat during this discussion but can offer additional prompts to keep the conversation productive and on topic.

### **Reflective Exercise – 20 minutes**

#### **Before Classroom Session**

- Include copies of the scenario and team discussion questions for each student in the team folder.

#### **During Classroom Session**

##### **Scenario and Reflective Questions for Team Discussion – 10 min.**

- The course instructors tell students to close their eyes, and one instructor reads the scenario in Box 1.1 to the class. The teams then use the remainder of the 10 minutes to discuss the questions.
- The team facilitator guides this discussion using the prompts associated with each question in Box 1.1. Course instructors and Interpreter Services representative circulate around the room and observe.

**Box 1.1: Reflective Scenario**

You are traveling in Laos with the MGH Global Health Innovation Team. While riding in the back of an open truck, a motorcycle runs a stop sign and hits the truck, and you are thrown off the truck onto the pavement. You awake on a bed in a crowded emergency room and don't recall how you arrived. The hospital you've been brought to is small, with concrete floors and a tin roof. The beds are lined up one next to the other in an open room; there are no private rooms or curtains. You are lying on a thin mattress covered with a single sheet. You feel like throwing up and have a severe headache. You hurt all over, and you can barely lift your arm. You think it may be broken. A woman with a mask and gown starts asking you questions in Lao.

**Team Discussion Questions with Facilitator Prompts**

Consider how you feel about your inability to speak directly to the doctors and nurses taking care of you.

1. What are you most afraid of happening?
  - *Not having anyone who is able to communicate what is wrong with you in your language*
  - *Fear of life-threatening injury*
  - *Being separated from friends/family and not being able to communicate*
  - *Having any procedures performed or medications administered without your consent*
2. Describe any concerns you have about the environment and about the knowledge and skill of the doctors and nurses.
  - *Not knowing who in the facility is a doctor, nurse, etc. and not understanding who has the authority and skills necessary to provide different types of care*
  - *Not knowing what available resources the facility has or does not have*
  - *Concerns about the cleanliness of the environment; fear of infection*
  - *Concerns about the type of professional training providers have*
  - *Not being aware of cultural aspects that may affect care*
3. If the driver of the truck you were riding in, who speaks a little English, comes in to interpret, how would you feel?
  - *Concerned that the truck driver will not be able to interpret effectively*
4. Have you ever had a personal experience where you were unable to communicate due to language barriers? How did it feel?

**Large Group Debriefing on Reflective Exercise – 10 min.**

- Course instructors and Interpreter Services representative lead discussion based on the following question:
  - How can an experience such as the one described in this scenario influence your practice with patients with limited English proficiency?
- Course instructors summarize the discussion with the following point:
  - *The goal of this activity was to apply the feeling of uncertainty as a patient in this situation to your role as a clinician so you have the sensitivity to recognize that patients have real and valid concerns that you may not be able to address without the use of professional interpreter services and a system that accommodates language needs.*

**Video Case Study and Team Exercise – 30 minutes****Before Classroom Session**

- The course instructors download the TeamSTEPPS “Opportunity” video from the TeamSTEPPS website.
- Include copies of the discussion questions for each student in the team folder.

**During Classroom Session****Video Case Scenario – 5 minutes**

- The course instructors introduce the video:  
*You will be watching a video case study of a middle-aged Latino man with limited English proficiency who is seen by a nurse and physician in the emergency room. In this case the patient experiences a delay in appropriate intervention, as well as a poor outcome. As you watch the scenario unfold, consider the questions in the handout for this exercise in your team folder.*
- Show the video.

**Team Discussion – 10 minutes**

- The course instructors give the teams 10 minutes to discuss the questions. Instruct each team to assign someone to record the team’s answers and report back to the large group.
- The team facilitator guides this discussion using the prompts associated with each question in Box 1.2.
- Course instructors and Interpreter Services representative circulate around the room and observe the team discussion.

**Box 1.2: Team Discussion Questions with Facilitator Prompts**

1. Describe any problems with communication among the doctor, nurse, interpreter, patient, and the patient's wife in this scenario.
  - *There was no communication among the care team about whether an interpreter should be present.*
  - *There was no overt communication among the care team or with the patient and his wife about best policies and practices for having an interpreter present.*
  
2. Who should be responsible for improving the communication in this scenario? Discuss individual vs. shared responsibility for improving communication in this scenario.
  - *The doctor and nurse should be responsible (not the patient) for initially identifying that an interpreter is needed. Although the patient felt that an interpreter was not needed, the providers should have recognized the potential for miscommunication.*
  - *The interpreter could also assume responsibility for ensuring better communication. She seemed uncertain about how to best translate the question about the IV contrast dye to the patient, and she should have communicated that to the provider. She also seemed uncertain about the patient's understanding and response to the question about the IV contrast dye and should have communicated to the provider about that. When she sensed that the patient did not understand the question, she could have advocated for the provider to explain in plain language.*
  - *The doctor should have checked with both the interpreter and the patient to ensure understanding. She should have noticed interpreter's discomfort and empowered the interpreter to speak up about any potential breakdowns in communication or understanding.*

**Large Group Discussion – 15 minutes**

- One person from each team presents on their team's discussion.
- Course instructors and Interpreter Services representative lead a large group discussion with the class based on the following question:
  - How could the team have worked better to prevent any adverse events? Consider:
    - Team communications/collaboration
    - Individual team values/ethics
    - Individual roles and responsibilities

**Wrap Up – 5 minutes****During Classroom Session**

- Course instructors and Interpreter Services representative wrap up the session by asking a few students to comment on the following:
  - What are the key take-home messages from today's session?

## Explanation of Online Assignment – 5 minutes

### Before Classroom Session

- Include copies of the online assignment for each student in the team folder.

### During Classroom Session

- Course instructors ask students to refer to the online assignment instructions provided in the team folders.
- Explain the online assignment to students using Box 1.3 below.

#### **Box 1.3: Online Assignment**

The primary purpose of this assignment is to reinforce material presented in both the e-learning and the classroom session for Module 1. This assignment will link to Module 2, which focuses on skills for working effectively with interpreter services to prevent adverse events for patients with LEP. Read the case scenario, and complete the assignment described below by [insert due date]. Your course instructors will provide feedback on this assignment before the next classroom session.

#### **Case scenario**

Abraham is an eight year old boy who presents to the pediatrician's office two months after cardiac surgery for aortic valvular stenosis. He was last seen in the pediatric cardiology office two weeks ago. He presents to the primary care pediatrician on Coumadin (a blood thinning drug that reduces clotting) with a regimen that was one tablet daily for 14 days. According to a note from the cardiologist in the electronic medical record, the dose was changed to one tablet every other day on his previous visit. Results from the blood drawn the previous day indicate that his clotting time is extended, and he is at risk of accidental bleeding.

Abraham is accompanied by his mother, Amina, a 24 year old immigrant from Sudan. Her husband was not able to come to this appointment, as he had to return to Sudan due to a family emergency. They are accompanied by Abraham's sisters, ages four and two. Amina speaks English poorly, as her husband is usually the key spokesperson for the family. Abraham is a third grader who speaks English well. He usually interprets for his mother at all medical appointments. His mother expects him to take his medicine every day without her assistance. His mother believes the surgery was curative and doesn't understand the need for lifelong anticoagulation to prevent clotting.

The office has two full time pediatricians, three full-time nurse practitioners, two registered nurses, a social worker, four medical assistants, and four administrative support staff, one of whom speaks Arabic and is a member of the close knit community shared by the patient's family.

#### **Assignment – Team Discussion**

Share your thoughts on the following question with your team members via the online discussion board before the next classroom session. Course instructors will provide feedback via the discussion board.

1. What were your concerns related to potential patient safety issues in this case?

# Module 1

# PowerPoint Slides

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## Providing Safe and Effective Care for Patients with Limited English Proficiency

### Classroom Session 1: Introduction to Interprofessional Education

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### Class Overview

- ◆ Introductions (15 min)
- ◆ PowerPoint (15 min)
- ◆ Interprofessional Icebreaker (30 min)
- ◆ Reflective Exercise (20 min)
- ◆ Video Case Study and Team Exercise (30 min)
- ◆ Wrap up (5 min)
- ◆ Explanation of Online Assignment (5 min)





## Curriculum Map

**Module 1 Learning Goal:** Understand the evidence for disparities and high rate of medical errors, particularly for patients with limited English proficiency.

E-learning Module 1  
(20-30 min)

Classroom Session 1  
(2 hrs)

Online Group  
Assignment 1  
(20 min)

**Module 2 Learning Goal:** Work effectively with interpreters and other care team members to ensure safe, high-quality care for patients with limited English proficiency.

E-learning Module 2  
(20-30 min)

Classroom Session 2  
(2 hrs)

Online Group  
Assignment 2  
(30 min)

**Module 3 Learning Goal:** Explore the ways that systems of care can be improved to ensure quality and safety for patients with limited English proficiency in a team environment.

E-learning Module 3  
(20-30 min)

Classroom Session 3  
(2 hrs)

Online Group  
Assignment 3  
(30 min)



## Learning Objectives

### Module 1 Learning Goal

- ◆ Understand the evidence for disparities and high rate of medical errors, particularly for patients with limited English proficiency.

### Module 1 Learning Objectives

1. Recognize gaps in knowledge and skills regarding safe care for patients with LEP
2. Recognize value of interprofessional collaboration, communication, and teamwork to improve safety for patients with LEP
3. Describe core competencies for interprofessional collaboration
4. Develop interprofessional team-based strategies for working effectively with medical interpreters to prevent adverse events for patients with LEP



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## Why Safety for Patients with LEP?

- ◆ Higher rate of medical errors
- ◆ Effective intervention (interpretation)
- ◆ Need to change culture within health care organizations



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## Interprofessional Education

“When students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes.”



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## Interprofessional Team-Based Care

- ◆ Intentionally created
- ◆ Small work groups
- ◆ Collective identity
- ◆ Shared responsibility
- ◆ Particular group of patients



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## Core Competencies for Interprofessional Collaborative Practice

- ◆ Collaboration
- ◆ Communication
- ◆ Values and ethics



## Interprofessional Icebreaker

### Students:

- Describe the training and education you receive as a medical or nursing student. How does your training differ from your colleagues in the other profession?
- Describe your experience (if any) working with interpreters. This can be professional interpreters or ad hoc interpreters (e.g., patient's family/friend or staff who speak the language but have not been trained as medical interpreters).

### Interpreters:

- Describe your day-to-day work. What is a typical day like for you? How do you get assigned to interpret for a patient? What is your schedule like?



## Reflective Exercise: Hospital in Laos



The above photo is courtesy of Trip Advisor < <http://media-cdn.tripadvisor.com/media/photo-s/01/58/97/dd/local-hospital.jpg> >.





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## Reflective Exercise: Hospital in Laos



The above photo is courtesy of Jim Harris from We Help War Victims <http://www.wehelpwarvictims.org/2010/02/lao-hospitals-depend-on-families-to-provide-patient-care/>.



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## Video Case Study & Team Exercise

[TeamSTEPPS “Opportunity” Video](#)



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## Wrap Up

- ◆ Key take-home messages from today's class
- ◆ Additional questions, comments, or observations?



# Module 1 Handouts

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# Providing Safe and Effective Care for Patients with Limited English Proficiency

## CLASSROOM SESSION 1

### Reflective Scenario

You are traveling in Laos with the MGH Global Health Innovation Team. While riding in the back of an open truck, a motorcycle runs a stop sign and hits the truck, and you are thrown off the truck onto the pavement. You awake on a bed in a crowded emergency room and don't recall how you arrived. The hospital you've been brought to is small, with concrete floors and a tin roof. The beds are lined up one next to the other in an open room; there are no private rooms or curtains. You are lying on a thin mattress covered with a single sheet. You feel like throwing up and have a severe headache. You hurt all over, and you can barely lift your arm. You think it may be broken. A woman with a mask and gown starts asking you questions in Lao.

### Team Discussion Questions

Consider how you feel about your inability to speak directly to the doctors and nurses taking care of you.

1. What are you most afraid of happening?
2. Describe any concerns you have about the environment and about the knowledge and skill of the doctors and nurses.
3. If the driver of the truck you were riding in, who speaks a little English, comes in to interpret, how would you feel?
4. Have you ever had a personal experience where you were unable to communicate due to language barriers? How did it feel?





# Providing Safe and Effective Care for Patients with Limited English Proficiency

## CLASSROOM SESSION 1

### Team STEPPS Video Case Study

You will be watching a video case study of a middle-aged Latino man with limited English proficiency who is seen by a nurse and physician in the emergency room. In this case the patient experiences a delay in appropriate intervention, as well as a poor outcome. As you watch the scenario unfold, consider the questions below.

### Team Discussion Questions

1. Describe any problems with communication among the doctor, nurse, interpreter, patient, and the patient's wife in this scenario.
2. Who should be responsible for improving the communication in this scenario? Discuss individual vs. shared responsibility for improving communication in this scenario.



# Providing Safe and Effective Care for Patients with Limited English Proficiency

## CLASSROOM SESSION 1

### Online Assignment

The primary purpose of this assignment is to reinforce material presented in both the e-learning and the classroom session for Module 1. This assignment will link to Module 2, which focuses on skills for working effectively with interpreter services to prevent adverse events for patients with LEP. Read the case scenario, and complete the assignment described below by [\[insert due date\]](#). Your course instructors will provide feedback on this assignment before the next classroom session.

### Case scenario

Abraham is an eight year old boy who presents to the pediatrician's office two months after cardiac surgery for aortic valvular stenosis. He was last seen in the pediatric cardiology office two weeks ago. He presents to the primary care pediatrician on Coumadin (a blood thinning drug that reduces clotting) with a regimen that was one tablet daily for 14 days. According to a note from the cardiologist in the electronic medical record, the dose was changed to one tablet every other day on his previous visit. Results from the blood drawn the previous day indicate that his clotting time is extended, and he is at risk of accidental bleeding.

Abraham is accompanied by his mother, Amina, a 24 year old immigrant from Sudan. Her husband was not able to come to this appointment, as he had to return to Sudan due to a family emergency. They are accompanied by Abraham's sisters, ages four and two. Amina speaks English poorly, as her husband is usually the key spokesperson for the family. Abraham is a third grader who speaks English well. He usually interprets for his mother at all medical appointments. His mother expects him to take his medicine every day without her assistance. His mother believes the surgery was curative and doesn't understand the need for lifelong anticoagulation to prevent clotting.

The office has two full time pediatricians, three full-time nurse practitioners, two registered nurses, a social worker, four medical assistants, and four administrative support staff, one of whom speaks Arabic and is a member of the close knit community shared by the patient's family.

### Assignment – Team Discussion

Share your thoughts on the following question with your team members via the online discussion board before the next classroom session. Course instructors will provide feedback via the discussion board.

1. What were your concerns related to potential patient safety issues in this case?



# Module 2

# Classroom Session Guide

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## MODULE 2 CLASSROOM SESSION

### OVERVIEW FOR COURSE LEADERS

This classroom session follows e-learning Module 2 in which students learned how translation and professional medical interpretation are defined, key differences between *ad hoc* and professional interpretation, the various roles professional interpreters play on the health care team, and specific guidelines before, during, and after the interpreted encounter to ensure safety for patients with limited English proficiency (LEP).

#### Module 2 Learning Goal

Work effectively with interpreters and other care team members to ensure safe, high-quality care for patients with limited English proficiency.

#### Module 2 Classroom Session Learning Objectives

1. Apply basic principles of effective patient-centered interprofessional team communication when working with patients with LEP.
2. Practice skills for working effectively with professional interpreters in person.
3. Reflect on the experience and challenges of working with patients with limited English proficiency.

### PREPARATION FOR CLASSROOM SESSION

#### Materials Needed

- Computer, projector and screen, student name cards
- PowerPoint slides
- Copies of the course guide for team facilitators
- Student team folders with copies of handouts (1 folder per team)
- Handouts for Students
  - Simulation Exercise Student Packet (Appendix A)
  - Online assignment instructions
- Simulation Exercise Interpreter Packet (Appendix B)
- Simulation Exercise Patient Simulator Packet (Appendix C)

#### Student Preparation

Give students time to complete the following before attending the classroom session:

- E-learning Module 2
- Online assignment for Module 1
- Review course instructors' feedback on Module 1 online assignment.

**Introduction & Presentation/Q&A on Guidelines for Working with Interpreters – 15 minutes****INSTRUCTIONS FOR LEADING CLASSROOM SESSION****Before Classroom Session**

- Course instructors group students into teams to provide for diversity based on students' profession and experience working with patients with LEP, if known or assessed ahead of time.
- Tables should include name cards so that students are immediately seated in their teams when they enter the classroom.
- This session is focused on building skills for working effectively with interpreters. As such, it is helpful to have a representative from Interpreter Services lead the session with the course instructors, answer questions, and provide input to students throughout the class.
- If this session is offered as part of a series of two or three classroom sessions, students, facilitators, and interpreters will remain on the same teams throughout the course.

**During Classroom Session**

- Course instructors welcome students back to the classroom session and introduce participants or observers that were not present for the first session.
- Course instructors briefly present the PowerPoint slides with key points from the *Guidelines for Working with Interpreters* presented in the Module 2 e-learning program.
- Course instructors and Interpreter Services representative answer any clarifying questions students have about the guidelines, as they will be applying them in a simulation exercise during this classroom session.

**Demonstrations by Course Instructors – 5 minutes****During Classroom Session**

- In pilot testing this curriculum, students found it useful to see a demonstration of some key aspects of working effectively with professional interpreters before beginning the simulation exercise. Course instructors can use the sample scripts below (Box 2.1) for conducting demos for the three situations provided, with the representative from Interpreter Services playing the interpreter's role.
- Note: These brief demonstrations cover three aspects of the interpreted patient visit: briefing with the interpreter before meeting the patient, debriefing after the visit, and negotiating with a patient who is reluctant to have a professional interpreter. In the simulation exercise that follows, students will only practice the initial briefing with the interpreter.

**Box 2.1: Script for Demonstration Scenarios****Briefing with the interpreter before the interaction with the patient**

**Clinician:** Hello, I'm XXX. I'm taking care of Mr. YYY today.

**Interpreter:** Hello, nice to meet you. I'm ZZZ, one of the Spanish interpreters here.

**Clinician:** Thank you for coming to help out today. I'm going to be interviewing Mr. YYY today about the chest pain he has been having. We are trying to determine whether or not this is related to his heart so I'll be asking a lot of detailed questions about his symptoms.

**Interpreter:** OK that's fine.

**Clinician:** If you notice that the communication isn't going so well, or you think there might be some misunderstanding, please feel free to interrupt and let me know.

**Interpreter:** Yes, I will do that. Please let me know if there is anything we say that is not clear. I can also let you know if there are any cultural issues that I pick up on.

**Clinician:** That would be very helpful. OK, do you have any specific questions before we get started?

**Interpreter:** No I think it's very clear.

**Debriefing with the interpreter after the interaction with the patient**

**Clinician:** Well I thought that went pretty well, but you may have noticed things that I didn't. How did you think it went?

**Interpreter:** I agree, it went well. I thought you explained things very clearly to the patient. You might consider asking her son to come in the next time, though. Mr. YYY seemed to be referring to him a lot, and it might have been helpful to have him in the room.

**Clinician:** That's a good point. I'll ask him next time if he can bring him along to his appointments. Do you think Mr. YYY understood how to take the medications?

**Interpreter:** Yes, I think it was helpful to have him repeat back what he understood. He seemed to be able to do that pretty easily.

**Clinician:** Good. Anything else you want to add?

**Interpreter:** No, that's it.

**Managing a situation in which the patient is reluctant to involve an interpreter**

**Clinician:** Mrs. AAA, I'm BBB, a nurse practitioner working in the urgent care center today.

**Patient:** Hello. I am AAA. Nice meet you (said with a strong accent and hesitant English).

**Clinician:** CCC told me that she offered to call an interpreter, but you didn't want to do that.

**Patient:** I no need interpreter. Speak English.

**Clinician:** We always recommend an interpreter when English is not your first language, even if you speak English. That way we can be sure that you understand everything I say and I understand everything you say.

**Patient:** My son speak good English if I don't know something.

**Clinician:** It is fine if you would like to have your son in the room with you. We would also like to have an interpreter in the room in case we need to explain things about your health care that your son does not know about.

**Patient:** I see other doctor – no interpreter.

**Clinician:** At this health center it is our policy to make sure we can communicate well with our patients, and I need to follow that policy. There is no charge to you. It is a free service. It is also our policy to keep anything you say during your visit confidential. Are there any concerns you have?

**Patient:** Well, ok. I use interpreter. Thank you.

## Simulation Exercise – 1 hour, 20 minutes

### Before Classroom Session

- Course instructors assign a team facilitator (who is not a student) to each team. Facilitators may be other faculty members, teaching assistants, or other experienced team facilitators.
- Course instructors assign an interpreter to sit with each team and participate in the simulation exercise and discussions from their perspective as a professional medical interpreter.
- Course instructors recruit one actor to simulate the patient for each team.
- Provide instructions to interpreters and patient simulators in advance of the classroom session. Bring extra copies to the classroom session (Appendices B and C).
- Course instructors assign each student the step they will complete in the exercise in advance of the classroom session. Include a sheet in the team folder that specifies which step of the exercise each student is responsible for completing.
- Include copies of the Simulation Exercise Student Packet in the team folder (Appendix A). This includes the *Guidelines for Working with Interpreters* and a question guide for students to use when conducting the interview with the patient.

### A Note about Adapting the Case Study

We developed the case for the simulation exercise using a Spanish-speaking patient from Central America. You may find that there are different languages and cultures represented in your setting and may therefore want to adapt the case to better suit your students' learning needs. We encourage you to seek input from experts in the cultural aspects of how symptoms might be presented and how patients might conceptualize their problems. A key point to consider is that culture and language may be distinct: consider the diversity of English, French, Mandarin, Spanish, and Arabic speakers globally. For example, while English is the official language in Toronto, New Orleans, Harare, and Hong Kong, local usage differs considerably. Interpreters, bilingual and/or bicultural clinicians and educators, as well as patient advocates may provide expertise in modifying the case for a specific population.

### During Classroom Session

- Course instructors will keep time, and alert the teams when it is time to move on to the next step. Circulate around the classroom during the exercise and take notes in order to summarize the key take-home points during the large group wrap-up.

### **Explanation of Simulation Exercise – 15 min.**

- Course instructors explain the exercise as described in Box 2.2. Students follow along with the instructions on their tables. Students follow along with the instructions in their team folders.
- Course instructors should emphasize that the purpose of the simulation is to practice the skills needed to work effectively as part of a team with a professional interpreter, not to diagnose the patient. Stress that this is an opportunity to practice skills in working with interpreters rather than an assessment of their clinical skills.
- Students are expected to:
  - Conduct one segment of the interview with the patient, as assigned
  - Follow the *Guidelines for Working with Interpreters*
  - Attend to briefing with the interpreter, appropriate dialogue, and non-verbal communication

- Use the interview guide provided in Appendix A. This is provided so students do not have to worry about what to ask the patient and can instead focus on managing the communication with the patient while working with an interpreter.
- Focus on communicating with the patient with an interpreter
- After describing the exercise, answer any clarifying questions students may have.

**Simulation Exercise – 40 min.**

- One course instructor and the representative from Interpreter Services circulate around the room and listen in on the teams as they go through the exercise.
- The other course instructor keeps track of time for each step and alerts the teams when it is time to move on to the next step of the activity.

**Team Discussion – 25 min.**

- After students have completed the simulation exercise, the course instructors and Interpreter Services representative circulate around the room while students respond to the discussion questions.
- Team facilitators will facilitate discussions associated with this exercise. Facilitators should remind students to use the question guide, as well as the *Guidelines for Working with Interpreters* for guidance during the exercise.
- During the team discussion, the facilitator should invite comments from both patient simulators and interpreters on how the student worked with the patient and interpreter from their perspectives. Encourage students to ask interpreters for feedback, as well as any questions they have about the interaction. The facilitator may also provide feedback during the discussion based on the *Guidelines for Working with Interpreters*.



**Box 2.2: Simulation Exercise and Team Discussion**

**Students:** Each student will conduct an interview with the patient while working with a professional interpreter to get the history of present illness, past medical history, social history, family history, and medications. The purpose is to practice the skills needed to effectively work as part of a team with a professional interpreter, not to diagnose the patient or to evaluate skills for conducting an interview with a patient. Use the *Guidelines for Working with Interpreters* handout during the exercise.

**Patient Simulators:** There is one patient simulator assigned to each team. Patient simulators will converse only in their native language and will not communicate in English during the interview.

**Interpreters:** One interpreter is assigned to each team.

**Team Facilitators:** One team facilitator is assigned to each team and will facilitate the team discussions among students, patient simulators, and interpreters.

**Patient Information**

Name: Mrs. Gonzalez  
 Site: Emergency Department  
 Age: 68  
 Vital signs: T: 101.3 PO, BP 154/92, Pulse: 108 regular, R: 24, shallow  
 Height: 61” Weight: 96 lbs BMI: 18.1  
 Accompanied by daughter-in-law (in waiting room on cell phone)  
 Reason for visit: Cough and fever/chills  
 An interpreter has been called/is present

**Instructions for Simulation (40 min.)**

There are 4 steps to the simulation activity, each involving a different member of your team. Each student will conduct part of the interview with the patient. You may use the interview guide to help you with what questions to ask the patient. This is just a guide; you do not need to worry about getting through all the questions in the time allotted.

Each student has 5 min. to interview the patient. After each part of the interview, each student will have 5 min. to reflect on what the experience was like communicating with the patient with the interpreter. Did you find it easy, challenging, or frustrating in any way? The sequence will look like this:

Step	Patient Interview	Timing
Student 1	Briefing with the interpreter & History of Present Illness	5 min
	Reflect on your experience interviewing the patient	5 min
Student 2	Past Medical History	5 min
	Reflect on your experience interviewing the patient	5 min
Student 3	Social History	5 min
	Reflect on your experience interviewing the patient	5 min
Student 4	Family History & Medications	5 min
	Reflect on your experience interviewing the patient	5 min

**Team Discussion (25 min.)**

After each student has interviewed the patient and reflected on the experience, your team has 25 min. to discuss the following questions. You may also use this time to ask the interpreter any questions that came up during the activity.

1. How did your team do with conducting the patient interview according to the *Guidelines for Working with Interpreters*?
2. How well were the concepts of communication, team collaboration, and patient-centeredness addressed during the briefing and interaction with the patient?
3. What were the barriers to good communication, team collaboration, and patient-centered care? What worked well?

**Large Group Wrap Up – 15 minutes****During Classroom Session**

- Course instructors and Interpreter Services representative summarize key learning points based on discussion questions by inviting students to reflect on what they found most powerful/ informative/ educational about the activity. Engage the patient simulators and interpreters to provide feedback.

**Explanation of Online Assignment – 5 minutes****Before Classroom Session**

- Include copies of the online assignment for each student in the team folder.

**During Classroom Session**

- Course instructors ask students to refer to the online assignment instructions provided in the team folders.
- Explain the online assignment to students (Box 2.3).

**Box 2.3: Online Assignment**

The purpose of this assignment is to reinforce material presented in both the e-learning and the classroom session for Module 2.

1. Using your team's discussion board, post an encounter from your own experience or a situation you observed in which a patient with LEP did not have an interpreter present or otherwise received a substandard level of care. Each student should submit their own description to the team discussion board by [insert due date].
2. As a team, select one scenario from your team members' contributions and bring copies of the scenario to the next classroom session. Teams may communicate via the discussion board or via email to agree on which scenario to select.
3. You will use this scenario in an in-class exercise to:
  - Debrief from your own perspective what you could have done differently as a student to assure that the patient received better and safer care.
  - Describe the systems-level breakdowns that resulted in substandard care for the patient.

# Module 2

# PowerPoint Slides

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## Providing Safe and Effective Care for Patients with Limited English Proficiency

### Classroom Session 2: Guidelines for Working with Interpreters

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### Class Overview

- ◆ Presentation (15 min)
  - ◆ Review Guidelines for Working with Interpreters
  - ◆ Clarifying questions
- ◆ Demonstrations by course instructors - briefing, debriefing, & responding to patient who refuses interpreter (5 min)
- ◆ Simulation Exercise (1 hr, 20 min)
- ◆ Large Group Wrap-up (15 min)
- ◆ Explanation of online assignment (5 min)



## Learning Objectives

### Module 2 Learning Goal

- ◆ Work effectively with interpreters and other care team members to ensure safe, high-quality care for patients with limited English proficiency.

### Learning Objectives

1. Apply basic principles of effective patient-centered interprofessional team communication when working with patients with LEP.
2. Practice skills working effectively with professional interpreters in person.
3. Reflect on the experience and challenges of working with patients with limited English proficiency.



## Preparation: Before Seeing the Patient

- ◆ Briefing
- ◆ Encourage team members, including interpreter, to speak up



## During the Encounter (continued)

### ◆ Dialogue

- Pace
- Avoid jargon
- Feedback
- Message clarification
- Cultural clarification



### ◆ Non verbal communication

- Avoid hand signals
- Expression and posture



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## During the Encounter

- ◆ Positioning:
  - ◆ Patient
  - ◆ Provider(s)
  - ◆ Interpreter



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## After Seeing the Patient

- ◆ Debriefing
  - Communication process
  - Clarification
  - Speak privately with interpreter
- ◆ Documentation



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## Demonstrations by Course Instructor

- ◆ Briefing with interpreter before the interaction with the patient
- ◆ Debriefing with interpreter after the interaction with the patient
- ◆ Managing a situation in which the patient is reluctant to meet with an interpreter





## Simulation Exercise

- ◆ Patient scenario involving working with a professional interpreter
- ◆ Practice interviewing patients with interpreters based on the *Guidelines for Working with Interpreters*



## Simulation Exercise (Cont.)

Step	Interview Patient	Timing
Student 1	Briefing with interpreter & History of Present Illness Reflect on your experience interviewing the patient	5 min. 5 min.
Student 2	Past Medical History Reflect on your experience interviewing the patient	5 min. 5 min.
Student 3	Social History Reflect on your experience interviewing the patient	5 min. 5 min.
Student 4	Family History & Medications Reflect on your experience interviewing the patient	5 min. 5 min.



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## Simulation Exercise: Team Discussion

- ◆ How did your team do with conducting the patient interview according to the *Guidelines for Working with Interpreters*?
- ◆ How well were the concepts of communication, team collaboration, and patient-centeredness addressed during the briefing and interaction with the patient?
- ◆ What were the barriers to good communication, team collaboration, and patient-centered care? What worked well?



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## Large Group Wrap-Up

- ◆ Student reflections
- ◆ Experiences of interpreters
- ◆ Feedback from patient simulators



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## Online Assignment

- ◆ Each student submits a brief scenario of an encounter with a patient with Limited English Proficiency in which a professional interpreter was not present.
- ◆ As a team, choose one of the scenarios to bring to the next class for an in-class activity.



# Module 2 Handouts

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# Providing Safe and Effective Care for Patients with Limited English Proficiency

## CLASSROOM SESSION 2

### Simulation Exercise and Team Discussion

**Students:** Each student will conduct an interview with the patient while working with a professional interpreter to get the history of present illness, past medical history, social history, family history, and medications. The purpose is to practice the skills needed to effectively work as part of a team with a professional interpreter, not to diagnose the patient or to evaluate skills for conducting an interview with a patient. Use the *Guidelines for Working with Interpreters* handout during the exercise.

**Patient Simulators:** There is one patient simulator assigned to each team. Patient simulators will converse only in their native language and will not communicate in English during the interview.

**Interpreters:** One interpreter is assigned to each team.

**Team Facilitators:** One team facilitator is assigned to each team and will facilitate the team discussions among students, patient simulators, and interpreters.

### Patient Information

Name: Mrs. Gonzalez

Site: Emergency Department

Age: 68

Vital signs: T: 101.3 PO, BP 154/92, Pulse: 108 regular, R: 24, shallow

Height: 61" Weight: 96 lbs BMI: 18.1

Accompanied by daughter-in-law (in waiting room on cell phone)

Reason for visit: Cough and fever/chills

An interpreter has been called/is present

### Instructions for Simulation (40 min.)

There are 4 steps to the simulation activity, each involving a different member of your team. Each student will conduct part of the interview with the patient. You may use the interview guide to help you with what questions to ask the patient. This is just a guide; you do not need to worry about getting through all the questions in the time allotted.

Each student has 5 min. to interview the patient. After each part of the interview, each student will have 5 min. to reflect on what the experience was like communicating with the patient with the interpreter. Did you find it easy, challenging, or frustrating in any way? The sequence will look like this:

Step	Patient Interview	Timing
Student 1	Briefing with the interpreter & History of Present Illness	5 min
	Reflect on your experience interviewing the patient	5 min
Student 2	Past Medical History	5 min
	Reflect on your experience interviewing the patient	5 min
Student 3	Social History	5 min
	Reflect on your experience interviewing the patient	5 min
Student 4	Family History & Medications	5 min
	Reflect on your experience interviewing the patient	5 min



### Team Discussion (25 min.)

After each student has interviewed the patient and reflected on the experience, your team has 25 min. to discuss the following questions. You may also use this time to ask the interpreter any questions that came up during the activity.

1. How did your team do with conducting the patient interview according to the *Guidelines for Working with Interpreters*?
2. How well were the concepts of communication, team collaboration, and patient-centeredness addressed during the briefing and interaction with the patient?
3. What were the barriers to good communication, team collaboration, and patient-centered care? What worked well?



# Providing Safe and Effective Care for Patients with Limited English Proficiency

## CLASSROOM SESSION 2

### Case Study: Mrs. Gonzalez

Site: Emergency Department

#### Information provided to students

Age: 68

An interpreter has been called/is present

Vital signs: T: 101.3 PO, BP 154/92, Pulse: 108 regular, R: 24, shallow

Ht: 61" Weight: 96 lbs BMI 18.1

Accompanied by daughter in law (in waiting room on cell phone)

Reason for visit: Cough and fever/chills

#### History of Present Illness

Mrs. Gonzalez woke up this morning with shaking chills and feeling a little short of breath. She thinks she may have a fever but hasn't checked her temperature. She has had a cough for a few days and has been using cough medicine (Nyquil) and drinking herbal tea. She feels very tired and has been unable to keep up with the cooking that she likes to do. She is coughing up greenish/yellow phlegm (no blood) and has a pain in the right side of her chest especially when she takes a deep breath. The pain is not worse with exertion. She vomited once this morning and feels a little nauseated. Has not been drinking fluids, except for chamomile tea several times a day and a little soup yesterday. She does not have any nasal congestion, sore throat or sinus pain. She is not wheezing.

She has no headache, no dizziness, no difficulties with vision, or hearing, and no abdominal pain. Urination is normal but sometimes some urine leaks out when she coughs or laughs (stress incontinence). Bowels normal without diarrhea or constipation. Has stiffness in joints, especially in left knee with stairs. She has lost some weight over the past 6 months that she has been living with her son. She mourns the loss of her husband about a year ago and feels very lonely because she has recently moved from Miami to Boston where she doesn't know anyone.

#### Past Medical History

Has had 6 pregnancies and 4 live vaginal births (two miscarriages). All home births in Honduras. Breastfed all children.

Menarche: 11

LMP: unsure, had hysterectomy when she was 47.

Hospitalizations: For hysterectomy. Gall bladder was removed two years ago.

No previous lung problems.

Last medical visit two years ago/ not in this city: told she had high blood pressure and high cholesterol.

#### Family history

Parents are both deceased. Her mother died in childbirth at age 32. Her father died at age 46 of an accident.

Mrs. Gonzalez is the oldest of four siblings.

One sister with high blood pressure lives nearby. Two other siblings are deceased: a sister died of uterine cancer at age 43 about ten years ago, and a brother died of AIDS at age 23.

Her husband died one year ago of prostate cancer.





### Social history

Of four children, one son lives in Boston area, one in Miami, and one is still in Honduras. One son died at age 18 from a gunshot wound in Honduras (gang violence). She is living with the youngest son now in Boston area for the past 6 months (she moved from Florida where she lived with her husband before he died).

Her son is a high school teacher and her daughter in law works evenings at a supermarket and doesn't speak Spanish. They have two little boys, aged three and five who have recently been home with colds. They have two cats.

Education: 6th grade in Puerto Cortes, Honduras. Reads in Spanish only.

Activities: Cooking, telenovelas (soap operas). Worked in a fish packing plant both in Honduras and Miami.

Diet: Usually cooks and eats traditional Central American food, but the rest of the family prefers US food and daughter-in-law brings home prepared foods.

Depression: Feels sad, misses husband, isolated in new location. Patient is very anxious about having some type of cancer.

Substance use: Doesn't drink or smoke. Daughter in law smokes at home. Husband smoked cigars.

Has Medicare and Medicaid for insurance. Has no problems affording medications.

### Medications and Allergies

Allergic to sulfa drugs (rash) and shellfish (hives/rash).

Medicines: Took Lipitor for cholesterol for 6 months but then stopped as she ran out and thought her cholesterol as better. Was prescribed Fluoxetine for depression 6 months ago but never took it because she feels it's not right to take medicine while grieving for her husband.

Other: chamomile tea (te de manzanilla), which she thinks has helped with the cough until this morning. Also Nyquil.

She usually doesn't like to take medications. She thinks they are very strong and her body doesn't tolerate them very well since she is small. Prefers natural remedies.





# Providing Safe and Effective Care for Patients with Limited English Proficiency

## CLASSROOM SESSION 2

### Student Interview Guide for Simulated Patient Interaction

These are suggested guidelines for conducting an interview with the simulated patient. The idea is to give you an opportunity to practice conducting an interview with a patient with LEP with the assistance of an interpreter. You may improvise and use your own questions in response to what you hear from the simulated patient. These questions may help you keep the interview flowing and allow you to focus your attention on working with the interpreter to communicate with the patient.

#### Student 1: History of Present Illness

- Introduce yourself and the interpreter, and allow the patient to introduce herself.
- I'd like to ask you some questions if that's ok with you.
- First can you tell me about the reason you came in today?
- What are your symptoms? Anything else?
- When did this start? Then what happened?
- OK, can you tell me a little more about each of the symptoms you've been having? Let's start with...
- Has it been constant or does it come and go?
- How bad is it? How does it affect you? Does it prevent you from doing your normal activities?
- Is there anything that makes it better or worse?
- What have you tried to make this better? How has it worked?

#### Student 2: Past Medical History

- I'd like to ask some questions about your medical history.
- Do you have a regular primary care provider? When was the last time you saw your primary care provider?
- What medical problems have you had in the past? Can you tell me a little more about that? How about now?
- Have you had any lung problems in the past? Asthma, pneumonia, emphysema, tuberculosis?
- Have you ever been hospitalized? Have you had any surgeries? Can you tell me more about that? How about pregnancies and deliveries? Any complications?

#### Student 3: Social History

- Now I'd like to ask you some questions about yourself if that's ok.
- Where are you from originally? How long have you been here? Why did you decide to come? How has the change been for you?
- Can you tell me about your family? What do they do? Anyone else that is important to you?
- Where you do live now? Who do you live with? Do you have people that you can count on for help if you need it?
- What do you do for work? How has that been? How is your financial situation now? Any trouble affording things that you need? Medications? Health insurance?
- What do you like to do when you have spare time? Any hobbies? Exercise?
- Tell me about your usual diet?
- Do you smoke? Drink alcohol? Any recreational drugs?
- Are you in a relationship with anyone?



## Student 4: Family History and Medications

### *Family History*

- Can you tell me if there are any illnesses that run in your family?
- Let's start with your parents. Are they still alive? Did/do they have any medical problems? What else?
- Any diabetes? Heart problems? Cancer? Other hereditary illnesses?
- How about your brothers and sisters? Your children?

### *Medications*

- Do you take any medications? Which ones? Do you take them regularly? Any other prescriptions?
- Any problems from medications? Side effects? Allergies?
- What about medicines you buy without a prescription?
- Do you use anything else besides medications to treat yourself? Anyone else you see for your health? Alternative medicine? Home remedies?
- What are your thoughts on taking medications in general?



# Guidelines for Working with Interpreters

## Before Seeing the Patient

### *Preparations*

- Working with patients with limited English proficiency may take more time than English-only appointments, so planning additional time for the encounter may be necessary.
- Before entering the room, provide the interpreter and other members of the care team with background information, and set goals to "get on the same page." This discussion should take place in a private room and comply with HIPPA regulations.
- Encourage the interpreter and other members of the care team to speak up with any relevant information or concerns that might affect care



## During the Interaction

### *Logistics*

- When working with patients with LEP, a qualified medical interpreter would ideally be present for the entire encounter.
- Confirm that the patient is aware of their legal right to an interpreter free of charge.
- Introduce the interpreter to the patient before beginning.
- Position the patient, the interpreter, and yourself in a triangle.
- Address the patient, not the interpreter, and maintain primary eye contact with the patient. Talk with patient the same way you would if you both spoke the same language.
- Remember that the interpreter does not have responsibility to direct the consultation or keep it under control.
- Remember that the interpreter is required to interpret everything said in the room, including side conversations, thinking out loud, and 'irrelevant' or repetitive comments.

### *Dialogue*

- Keep a pace that allows time for interpretation. Pause after each thought or when the interpreter signals to you to allow for interpretation. Break statements into short sections if long explanations are necessary.
- Avoid medical jargon, idiomatic expressions, and acronyms. Keep in mind certain expressions may not exist in a given language.
- Ask only one question at a time. Keep your questions short and your commentary brief.
- Avoid thinking out loud. The interpreter is required to translate whatever is said, and thinking out loud may lead to confusion.
- Confirm understanding with patient and agreement with the plan by asking the patient to repeat key information back to you.
- Encourage the interpreter to clarify terms with you. Ask the interpreter to interpret back to you whenever you are concerned about the accuracy or completeness of the interpretation.



## Nonverbal Communication

- Be aware of nonverbal communication (tone of voice, facial expressions, and body language), which is often the key to a patient's emotional state.
- Avoid using hand gestures that may not be universally understood in the same way.
- Make sure all three people involved – the patient, interpreter, and clinician – can see each others' faces. Use non-verbal communication, such as smiling, to put the patient at ease.

## After the Seeing the Patient

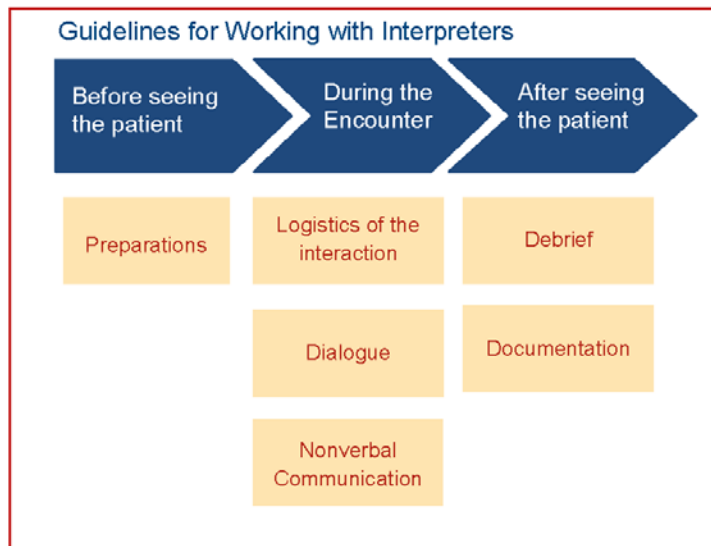
### Debrief

- After seeing the patient, debrief with the interpreter about the communication process.
- Clarify any miscommunications or inaccuracies.
- If necessary, speak privately with the interpreter who may perceive cultural and emotional subtleties more clearly. Ask the interpreter for cultural clarification if needed.

### Documentation

The following information should be documented in the patient's records, progress notes, and consent forms:

- The patient's language needs, including the patient's dialect
- Involvement of a medical interpreter
- Interpreter's name and ID number
- If the patient refuses a medical interpreter
- If the provider is unable to get a medical interpreter for face to face or phone interpretation



These guidelines have been compiled and adapted from the following resources:

1. Linking Voices. The Interpreting Stakeholder Group. Facilitator's Guide: How to Work Effectively with Interpreters.
2. Massachusetts General Hospital, Medical Interpreter Services. Working with an Interpreter: DO's and DONT's. <http://www2.massgeneral.org/interpreters/do.asp>. Accessed November 26, 2012.
3. Massachusetts General Hospital, Medical Interpreter Services. Working with an Interpreter: Stronger outcomes tips. <http://www2.massgeneral.org/interpreters/working.asp>. Accessed November 26, 2012.
4. Agency for Healthcare Quality and Research. TeamSTEPS "Briefs" slide. <http://www.ahrq.gov/teamstepstools/lep/traintrainers/lepistafftrain.pdf>. Accessed November 26, 2012.

This handout was produced as a companion resource to the online learning curriculum, "Providing Safe and Effective Care for Patients with Limited English Proficiency" developed by the Disparities Solutions Center in the Institute for Health Policy at Massachusetts General Hospital in collaboration with the MGH Institute for Health Professions and Harvard Medical School. Funding was provided by the Josiah Macy Jr. Foundation.





## Providing Safe and Effective Care for Patients with Limited English Proficiency

### CLASSROOM SESSION 2

#### Online Assignment

The purpose of this assignment is to reinforce material presented in both the e-learning and the classroom session for module 2.

1. Using your team's discussion board, post an encounter from your own experience or a situation you observed in which a patient with LEP did not have an interpreter present or otherwise received a substandard level of care. Each student should submit their own description to the team discussion board by [insert due date].
2. As a team, select one scenario from your team members' contributions and select one scenario from your team members' contributions and bring copies of the scenario to the next classroom session. Teams may communicate via the discussion board or via email to agree on which scenario to select.
3. You will use this scenario in an in class exercise to:
  - Debrief from your own perspective what you could have done differently as a student to assure that the patient received better and safer care.
  - Describe the systems-level breakdowns that resulted in substandard care for the patient.





# Module 3

# Classroom Session Guide

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## MODULE 3 CLASSROOM SESSION

### OVERVIEW FOR COURSE LEADERS

This classroom session follows e-learning Module 3, which presents information on improving systems of care for patients with limited English Proficiency (LEP). During this session students will integrate knowledge gained from prior modules on the evidence of poor outcomes for patients with LEP and skills practiced in working with interpreters. Students will continue to work in interprofessional teams to develop strategies to improve health care delivery systems for patients with LEP and will discuss as a team how to advocate for patients with LEP.

#### Module 3 Learning Goal

Explore the ways that systems of care can be enhanced to improve quality and safety for patients with limited English proficiency in a team environment.

#### Module 3 Classroom Session Learning Objectives

1. Describe strategies for addressing root causes of medical errors among patients with LEP.
2. Design an intervention, policy change, or campaign to address systems level barriers to safe and effective care for patients with LEP.
3. Describe what you can do as a student to affect systems change and advocate for patients with LEP.

### PREPARATION FOR CLASSROOM SESSION

#### Materials Needed

- Computer, projector and screen, student name cards, markers, flip charts for each student team
- PowerPoint slides
- Copies of the course guide for team facilitators
- Student team folders with copies of handouts (1 folder per team)
- Handouts for Students
  - Case scenario and instructions for team activity 1
  - Call to Action handout

#### Student Preparation

Give students time to complete the following before attending the classroom session:

- E-learning Module 3
- Online assignment for Module 2



## INSTRUCTIONS FOR LEADING CLASSROOM SESSION

### Introduction – 15 minutes

#### Before Classroom Session

- Course instructors group students into teams to provide for diversity based on students' profession and experience working with patients with LEP, if known or assessed ahead of time.
- Tables should include name cards so that students are immediately seated in their teams when they enter the classroom.
- If this session is offered as part of a series of two or three classroom sessions, students, facilitators, and interpreters will remain on the same teams throughout the course.

#### During Classroom Session

##### PowerPoint Presentation – 15 minutes

- Course instructors welcome students back to the classroom session.
- Course instructors briefly present the PowerPoint slides to introduce students to systems and strategies for addressing language barriers and providing safe care for patients with LEP.

### Team Activity 1: Improving Systems of Care for Patients with LEP – 45 minutes

#### Before Classroom Session

- Course instructors assign a team facilitator (who is not a student) to each team. Facilitators may be other faculty members, teaching assistants, or other experienced team facilitators.
- If professional interpreters have been invited, the course instructors assign an interpreter to sit with each team.
- Include copies of the case study and activity instructions for each student in the team folder.

#### During Classroom Session

- Course instructors and Interpreter Services representative will circulate around the classroom during the exercise and take notes in order to share their input during the team presentations.

#### **Explanation of Team Activity – 5 min.**

- Course leaders explain the exercise to students as follows in Box 3.1:
  - Students should read the case scenario provided in the team folder to themselves.
  - After reading the scenario, each team will develop an intervention that addresses the systemic problems that occurred in the case. Each team will develop a different intervention, as outlined in the handout.
  - Encourage students to think creatively about their approach to systems improvements that could be applied to this scenario.
  - Each team should assign a person to take notes and report back on their intervention.
- After describing the activity, course instructors answer any clarifying questions.

**Team Activity – 20 minutes**

- Students work on team activity.
- Team facilitators will sit at each table and offer suggestions to students if they are having difficulty with the exercise or could benefit from additional guidance or input.
- If interpreters are present, they may offer input on the discussion from their perspective.

**Team Presentations – 20 minutes**

- Each team has 5 minutes to present its intervention and receive feedback/input from their classmates and course instructors.

**Box 3.1: Activity 1 Case Scenario**Admitting coordinator perspective

Mr. G. was an elective admission to Dr. P's service on vascular surgery. He came in with his family, and he seemed to be able to speak English fairly well. He answered all of my standard admitting questions and when he couldn't (for example, when I asked questions about his insurance), his family helped him out. I figured that if the clinical team needed an interpreter for anything, they would be able to determine that when they met him.

Medical student perspective

When we admitted Mr. G to the vascular surgery service, he seemed very scared. He didn't speak English that well so we used the interpreter phone to explain the procedure to him. The second-year resident went through all the risks and benefits with him and then asked if he had any questions. He said no, but I could tell he didn't really understand everything that we were trying to tell him. Later I asked one of the other medical students on the service who speaks Spanish if she could ask him what he understood about the operation. The patient said that he thought he had a very high chance of dying from the operation. After that I asked if we could call a professional interpreter to help answer his questions.

Nursing student perspective

The patient was post-op day 2 from an abdominal aortic aneurysm repair. He was hooked up to a PCA (patient controlled anesthesia), a NG (nasogastric intubation) tube, and a CPAP machine to help him breathe. He spoke primarily Spanish but also spoke some English. When I went into the room and asked him if he had any pain and how his night had gone, he just replied "fine" and looked away. We checked his PCA and found that he was pressing the button for more medication more frequently than the machine would allow, indicating that the dose of pain medication was not sufficient. Still, when we asked what his pain levels were he just said "fine." Later the patient's nephew came to visit, and the patient started speaking rapidly in Spanish and started crying. When my clinical instructor and I asked his nephew what he was saying, he said that he was in a lot of pain and did not understand the numerical system that we were using to evaluate pain. Also, the CPAP machine made so much noise it kept him awake all night, and he didn't understand what it was for.

Interpreter perspective

Mr. G was very confused by the surgery and his post-operative care. He doesn't like to complain, though, because he fears that complaining may offend the people who are providing care. I really had to convince him to ask questions when things were unclear.

**Discussion and Team Assignment**

Spend a few minutes discussing how each member of the care team played a role in the safety and quality of care in this case? How could team communication have improved the quality and safety of the care Mr. G received?

Work with your teammates to develop a set of recommendations to improve the systems of care for patients with LEP at this hospital. In addition to general recommendations, individual teams should focus in specifically on the following:

- **Team A:** Design an intervention to create a more effective system to assure effective involvement of interpreter services at this hospital.
- **Team B:** Devise an approach to ensure effective communication among team members at this hospital to prevent communication errors for patients with LEP.
- **Team C:** Devise a policy for response to errors and "near misses" among patients with LEP in this hospital.
- **Team D:** Design a campaign to promote a "safety culture" for patients with LEP that empowers all members of the health care team to advocate when they notice a potential for error.

As you outline your intervention, consider the following:

- Root causes of the problem
- Key stakeholders that need to be involved
- Roles and responsibilities of key stakeholders
- Resources needed (human, financial, technologic)

## Team Activity 2: Advocating for Patients with LEP – 40 minutes

### During Classroom Session

- Course instructors and Interpreter Services representative circulate around the classroom during the exercise and take notes in order to provide input during the large group discussion.

### **Explanation of Team Activity – 5 min.**

- Course leaders explain the exercise to students as described in Box 3.2.

#### **Box 3.2: Activity 2 Instructions**

Review the case study that your team selected as part of the second online assignment for the course. Discuss the following questions within your team:

- What could you as a student do to advocate for the patient & ensure safe, effective care in this situation or one like it?
- How could you as a student change the system so that the patient in this scenario (or one like it) receives safer, more effective care?

#### **Large Group Discussion**

Each team will share highlights of their discussion with the class, with brief reactions/input from classmates and course instructors. Each group will have 3-4 minutes to share with the large group.

### **Team Activity – 20 minutes**

- Students discuss the questions in their team in relation to their cases.
- Team facilitators will sit at each table and offer suggestions to students if they are having difficulty with the exercise or could benefit from additional guidance or input.
- If interpreters are present, they may offer input on the discussion from their perspective.

### **Large Group Discussion – 15 minutes**

Each team has 3-4 minutes to summarize their case and what they discussed and receive feedback/input from their classmates, course instructors, and Interpreter Services representative.

## Call to Action – 20 minutes

### Before Classroom Session

- Include copies of the Call to Action handout for each student in the team folder.

### During Classroom Session

- Course instructors ask students to refer to the Call to Action handout provided in the team folders.
- Course instructors facilitate a large group discussion based on the suggestions offered in the Call to Action handout in the team folders. Refer to discussion questions in Box 3.3.

- Close the class by encouraging students to take action and share the results of what they do with their course instructors and classmates. Note that this is not a required part of the course but is an opportunity to take concrete action to address the issues discussed regarding safe, high quality care for patients with LEP.

**Box 3.3: Questions for “Call to Action” Discussion**

- What are your thoughts about the actions proposed in this list?
  - What seems feasible?
  - What seems challenging?
- Is there anything you would add to this list?

# Providing Safe and Effective Care for Patients with Limited English Proficiency

## CLASSROOM SESSION 3

### Call to Action

The Office of Civil Rights describes persons with Limited English Proficiency (LEP) as those who “... are unable to communicate effectively in English because their primary language is not English and they have not developed fluency in the English language.” (<http://www.hhs.gov/ocr/civilrights/resources/specialtopics/lep/>).

Consider what you can do as a nursing or medical student to improve the quality and safety of care provided to patients with limited English proficiency. This handout offers some suggested actions you can take now that will continue to develop your skills and leadership capacity in this area. Select at least one of the actions on this list or come up with some ideas of your own. While this is not a required part of this course, we encourage you to take action and share the results with your classmates and course instructors now and in the future.

### Improving School Climate

- Join or start student interest groups that focus on topics related to the care of patients with limited English proficiency and make sure to raise these issues within the group. For example, groups may include those that:
  - Address disparities in health and health care
  - Address cultural awareness, cultural competency and inclusion
  - Discuss caring for immigrants and patients with LEP.
  - Promote interprofessional learning and service projects
- Reach out to faculty who are interested in improving safety for patients with LEP to find mentors for curriculum improvement, research projects, and service learning
- Share your experience with other students on academic blogs or presentations within your school or among state and national organizations:
  - Nursing: <http://www.nsna.org>
  - Medicine: <http://www.amsa.org>

### Changing the Curriculum

- Make formal recommendations to your institution’s curriculum committee to:
  - Assess how cultural competency is addressed within coursework
  - Ensure that health disparities for patients with LEP are addressed across the curriculum
  - Require that faculty create and use case studies that incorporate diverse patient populations, including patients with LEP
  - Incorporate sessions on developing the skills of working effectively with interpreter services in the clinical setting
  - Include experiences in interprofessional education and consider Safe and Effective Care for Patients with LEP as an important topic to focus on for these.

### Conducting Research

- Develop research projects on quality and safety for patients with LEP
- Identify faculty doing research on this topic or related topics and get involved in what they are doing.

### Presenting Cases

- Include information about patients' language capacity and availability of professional interpretation
- Ask student colleagues to include LEP status when presenting cases

### Working in Clinical Settings

- Review information about the clinical site through their website and by obtaining information from your course coordinator or clinical faculty. Consider the following questions, and advocate for improvements when these are not adequately addressed:
  - What percent of the population served by the facility is patients with LEP?
  - What types of interpreter services are available and approved for use in that clinical setting (including live and remote access)?
  - Who is responsible for requesting interpreter services?
  - How can providers request interpreter services in each clinical setting?
  - What is the best method for assuring interpreters are available when needed?
  - What is the procedure for documenting the request for/involvement of interpreter services?
  - What are the best practices for conducting a briefing and debriefing with the interpreter and for managing patients and family that are reluctant to work with professional interpreters?
  - Where and how can providers access the organization's policies about interpreter services?
- Get to know the interpreters who work regularly with your practice and include them as members of the health care team

### Advocating to Reduce Health Disparities

- Stay informed about current research, best practices, and tools for reducing disparities among patients with LEP through contact with reliable resources:
  - Office of Minority Health: <http://minorityhealth.hhs.gov/>
  - MGH Disparities Solution Center: <http://www2.massgeneral.org/disparitiessolutions>
  - Kaiser Family Foundation: <http://kff.org/disparities-policy>
  - Commonwealth Fund: <http://www.commonwealthfund.org/Program-Areas/Archived-Programs/Health-Care-Disparities.aspx>
  - International Medical Interpreters Association: <http://www.imiaweb.org/basic/default.asp>

### Advocating for Interprofessional Education

- Learn more about why and how Interprofessional Education (IPE) is advancing health care quality and safety:
  - Primary Care Progress: <http://primarycareprogress.org/about>
  - The Josiah Macy Jr. Foundation: <http://macyfoundation.org/news/entry/four-major-foundations-join-together-to-advance-interprofessional-health-ed>
  - National Leadership in IPE: <http://healthaffairs.org/blog/2012/06/15/moving-interprofessional-education-into-the-mainstream-of-health-professions-education/>
  - Centers for advancing IPE:
    - University of San Francisco: <http://interprofessional.ucsf.edu/>

# Module 3

# PowerPoint Slides

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## Providing Safe and Effective Care for Patients with Limited English Proficiency

### Classroom Session 3: Improving Systems of Care

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### Class Overview

- ◆ PowerPoint (15 min)
- ◆ Team activity 1: Improving systems of care for patients with LEP (45 min)
  - ◆ Work in teams to complete activity
  - ◆ Present to the large group
- ◆ Team activity 2: Advocating for patients with LEP (40 min)
- ◆ Call to Action (20 min)



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## Learning Objectives

**Learning Goal:** Explore the ways that systems of care can be enhanced to improve quality and safety for patients with limited English proficiency in a team environment.

### Learning Objectives

1. Describe strategies for addressing root causes of medical errors among patients with LEP.
2. Design an intervention, policy change, or campaign to address systems level barriers to safe and effective care for patients with LEP.
3. Describe what you can do as a student to affect systems change and advocate for patients with LEP.



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## Systems and Strategies for Language Barriers

Create a more effective system to assure involvement of interpreter services

Ensure effective communication among team members to prevent communication errors for patients with LEP

Develop an approach for identifying and responding to errors and “near misses” among patients with LEP

Promote a “safety culture” for patients with LEP that empowers all members of the health care team to advocate when they notice the potential for error



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## Real World Example – Hospital A

### Campaign to promote safe care for patients with LEP

- Posters and other marketing materials throughout hospital
- Mandatory education for all staff via e-learning program

All patients with LEP flagged in electronic medical record

Registrars trained to ask patients about language and to pre-arrange interpreters

Guidelines developed for when live interpreter versus telephonic interpreter should be used

- Additional live interpreters hired for high volume languages
- Interpreter phones and video units set up in key areas



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## Real World Example – Hospital A

Error reporting mechanisms updated to include focus on language and communication

- Staff – including interpreters – encouraged to use this
- Errors for patients with LEP reviewed and investigated

Quality and safety rounds adapted to include specific sessions emphasizing patients with LEP

Interpreters engaged in process of quality assurance with patients with LEP at high risk for errors



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## Real World Example – Community Health Center B

Live training sessions for all staff led by interpreter services department and medical and nursing champions

- Sessions specifically focused on building a culture of safety for patients with LEP

Educational materials provided to patients in multiple languages and basic literacy level

- Focused on patients' right to free interpreter services, how to work most effectively with an interpreter, and addressing FAQs

Interpreters trained to identify miscommunication and act as patient advocates and cultural brokers



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## Real World Example – Community Health Center B

Linked with other community health centers to create a bank of trained, live interpreters, as well as on call remote access by phone or video

Graduate medical, nursing, and public health students created a Quality Assessment and Improvement (CQI) project to assess and track medical errors experienced by patients who used the interpreter bank, as well as satisfaction with the services provided



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### Team Activity 1: Improving Systems of Care for Patients with LEP

- ◆ Review the case study and design an intervention to address systemic issues. – 20 min
- ◆ Each team presents its intervention and receives feedback from faculty and colleagues. Select a team member to take notes and report out to the class. – 20 min; 5 min per group



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### Intervention Design

- ◆ **Team A:** Design an intervention to create a more effective system to assure involvement of interpreter services in this hospital.
- ◆ **Team B:** Devise an approach to ensure effective communication among team members at this hospital to prevent communication errors for patients with LEP.
- ◆ **Team C:** Devise a policy for response to errors and “near misses” among patients with LEP in this hospital.
- ◆ **Team D:** Design a campaign to promote a “safety culture” for patients with LEP that empowers all members of the health care team to advocate when they notice a potential for error.





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## Team Reports

- ◆ Team A presentation & discussion (5 min)
- ◆ Team B presentation & discussion (5 min)
- ◆ Team C presentation & discussion (5 min)
- ◆ Team D presentation & discussion (5 min)



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## Team Activity 2: Advocating for Patients with LEP

- ◆ Review & discuss the case study your team selected from online assignment 1 – 20 min
  - ◆ What could you as a student do to advocate for the patient & ensure safe, effective care in this situation or one like it?
  - ◆ How could you as a student change the system so the patient in this scenario (or one like it) receives safer, more effective care?
- ◆ Each team shares highlights of their discussion with the class, with brief reactions/input from classmates and course instructors– 15 min; 3-4 min per group



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## Call to Action

- ◆ What are your thoughts about the actions proposed in this list?
  - ◆ What seems feasible?
  - ◆ What seems challenging?
- ◆ Is there anything you would add to this list?
- ◆ Consider committing to at least 1 action that you can take now in your role as a medical or nursing student to improve care for patients with LEP



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## Next Steps

- ◆ Call to Action!
- ◆ Continue to seek out ways to develop skills to provide safe and effective care for patients with Limited English Proficiency.
- ◆ Continue to develop capacity as members and leaders of interprofessional teams.







# Module 3 Handouts

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## Providing Safe and Effective Care for Patients with Limited English Proficiency

### CLASSROOM SESSION 3

#### Activity 1 Case Scenario

##### Admitting coordinator perspective

Mr. G. was an elective admission to Dr. P's service on vascular surgery. He came in with his family, and he seemed to be able to speak English fairly well. He answered all of my standard admitting questions and when he couldn't (for example, when I asked questions about his insurance), his family helped him out. I figured that if the clinical team needed an interpreter for anything, they would be able to determine that when they met him.

##### Medical student perspective

When we admitted Mr. G to the vascular surgery service, he seemed very scared. He didn't speak English that well so we used the interpreter phone to explain the procedure to him. The second-year resident went through all the risks and benefits with him and then asked if he had any questions. He said no, but I could tell he didn't really understand everything that we were trying to tell him. Later I asked one of the other medical students on the service who speaks Spanish if she could ask him what he understood about the operation. The patient said that he thought he had a very high chance of dying from the operation. After that I asked if we could call a professional interpreter to help answer his questions.

##### Nursing student perspective

The patient was post-op day 2 from an abdominal aortic aneurysm repair. He was hooked up to a PCA (patient controlled anesthesia), a NG (nasogastric intubation) tube, and a CPAP machine to help him breathe. He spoke primarily Spanish but also spoke some English. When I went into the room and asked him if he had any pain and how his night had gone, he just replied "fine" and looked away. We checked his PCA and found that he was pressing the button for more medication more frequently than the machine would allow, indicating that the dose of pain medication was not sufficient. Still, when we asked what his pain levels were he just said "fine." Later the patient's nephew came to visit, and the patient started speaking rapidly in Spanish and started crying. When my clinical instructor and I asked his nephew what he was saying, he said that he was in a lot of pain and did not understand the numerical system that we were using to evaluate pain. Also, the CPAP machine made so much noise it kept him awake all night, and he didn't understand what it was for.

##### Interpreter perspective:

Mr. G was very confused by the surgery and his post-operative care. He doesn't like to complain, though, because he fears that complaining may offend the people who are providing care. I really had to convince him to ask questions when things were unclear.

#### Discussion and in-class team assignment

How did each member of the care team play a role in the safety and quality of care in this case? How could team communication have improved the quality and safety of the care he received?

Each team should work together to develop a set of recommendations to improve the systems of care for patients with LEP at this hospital. In addition to general recommendations, individual teams should focus in more specifically on the following:

**Team A:** Design an intervention to create a more effective system to assure effective involvement of interpreter services at this hospital.

**Team B:** Devise an approach to ensure effective communication among team members at this hospital to prevent communication errors for patients with LEP.



**Team C:** Devise a policy for response to errors and “near misses” among patients with LEP in this hospital.

**Team D:** Design a campaign to promote a “safety culture” for patients with LEP that empowers all members of the health care team to advocate when they notice a potential for error.

As you outline your intervention, consider the following:

- Root causes of the problem
- Key stakeholders that need to be involved
- Roles and responsibilities of key stakeholders
- Resources needed (human, financial, technologic)



## Providing Safe and Effective Care for Patients with Limited English Proficiency

### CLASSROOM SESSION 3

#### Call to Action

The Office of Civil Rights describes persons with Limited English Proficiency (LEP) as those who "... are unable to communicate effectively in English because their primary language is not English and they have not developed fluency in the English language." (<http://www.hhs.gov/ocr/civilrights/resources/specialtopics/lep/>).

Consider what you can do as a nursing or medical student to improve the quality and safety of care provided to patients with limited English proficiency. This handout offers some suggested actions you can take now that will continue to develop your skills and leadership capacity in this area. Select at least one of the actions on this list or come up with some ideas of your own. While this is not a required part of this course, we encourage you to take action and share the results with your classmates and course instructors now and in the future.

#### Improving School Climate

- Join or start student interest groups that focus on topics related to the care of patients with limited English proficiency and make sure to raise these issues within the group. For example, groups may include those that:
  - Address disparities in health and health care
  - Address cultural awareness, cultural competency and inclusion
  - Discuss caring for immigrants and patients with LEP.
  - Promote interprofessional learning and service projects
- Reach out to faculty who are interested in improving safety for patients with LEP to find mentors for curriculum improvement, research projects, and service learning
- Share your experience with other students on academic blogs or presentations within your school or among state and national organizations:
  - Nursing: <http://www.nсна.org>
  - Medicine: <http://www.amsa.org>

#### Changing the Curriculum

- Make formal recommendations to your institution's curriculum committee to:
  - Assess how cultural competency is addressed within coursework
  - Ensure that health disparities for patients with LEP are addressed across the curriculum
  - Require that faculty create and use case studies that incorporate diverse patient populations, including patients with LEP
  - Incorporate sessions on developing the skills of working effectively with interpreter services in the clinical setting
  - Include experiences in interprofessional education and consider Safe and Effective Care for Patients with LEP as an important topic to focus on for these.



### Conducting Research

- Develop research projects on quality and safety for patients with LEP
- Identify faculty doing research on this topic or related topics and get involved in what they are doing.

### Presenting Cases

- Include information about patients' language capacity and availability of professional interpretation
- Ask student colleagues to include LEP status when presenting cases

### Working in Clinical Settings

- Review information about the clinical site through their website and by obtaining information from your course coordinator or clinical faculty. Consider the following questions, and advocate for improvements when these are not adequately addressed:
  - What percent of the population served by the facility is patients with LEP?
  - What types of interpreter services are available and approved for use in that clinical setting (including live and remote access)?
  - Who is responsible for requesting interpreter services?
  - How can providers request interpreter services in each clinical setting?
  - What is the best method for assuring interpreters are available when needed?
  - What is the procedure for documenting the request for/involvement of interpreter services?
  - What are the best practices for conducting a briefing and debriefing with the interpreter and for managing patients and family that are reluctant to work with professional interpreters?
  - Where and how can providers access the organization's policies about interpreter services?
- Get to know the interpreters who work regularly with your practice and include them as members of the health care team

### Advocating to Reduce Health Disparities

- Stay informed about current research, best practices, and tools for reducing disparities among patients with LEP through contact with reliable resources:
  - Office of Minority Health: <http://minorityhealth.hhs.gov/>
  - MGH Disparities Solution Center: <http://www2.massgeneral.org/disparitiessolutions>
  - Kaiser Family Foundation: <http://kff.org/disparities-policy>
  - Commonwealth Fund: <http://www.commonwealthfund.org/Program-Areas/Archived-Programs/Health-Care-Disparities.aspx>
  - International Medical Interpreters Association: <http://www.imiaweb.org/basic/default.asp>

### Advocating for Interprofessional Education

- Learn more about why and how Interprofessional Education (IPE) is advancing health care quality and safety:
  - Primary Care Progress: <http://primarycareprogress.org/about>
  - The Josiah Macy Jr. Foundation: <http://macyfoundation.org/news/entry/four-major-foundations-join-together-to-advance-interprofessional-health-ed>
  - National Leadership in IPE: <http://healthaffairs.org/blog/2012/06/15/moving-interprofessional-education-into-the-mainstream-of-health-professions-education/>
  - Centers for advancing IPE:
    - University of San Francisco: <http://interprofessional.ucsf.edu/>



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# **Appendix A: Simulation Exercise Student Packet**

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Providing Safe and Effective Care for Patients with Limited English Proficiency

CLASSROOM SESSION 2

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# Simulation Exercise

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## Student Packet





## Providing Safe and Effective Care for Patients with Limited English Proficiency

### CLASSROOM SESSION 2

#### Simulation Exercise and Team Discussion

**Students:** Each student will conduct an interview with the patient while working with a professional interpreter to get the history of present illness, past medical history, social history, family history, and medications. The purpose is to practice the skills needed to effectively work as part of a team with a professional interpreter, not to diagnose the patient or to evaluate skills for conducting an interview with a patient. Use the *Guidelines for Working with Interpreters* handout during the exercise.

**Patient Simulators:** There is one patient simulator assigned to each team. Patient simulators will converse only in their native language and will not communicate in English during the interview.

**Interpreters:** One interpreter is assigned to each team.

**Team Facilitators:** One team facilitator is assigned to each team and will facilitate the team discussions among students, patient simulators, and interpreters.

#### Patient Information

Name: Mrs. Gonzalez

Site: Emergency Department

Age: 68

Vital signs: T: 101.3 PO, BP 154/92, Pulse: 108 regular, R: 24, shallow

Height: 61" Weight: 96 lbs BMI: 18.1

Accompanied by daughter-in-law (in waiting room on cell phone)

Reason for visit: Cough and fever/chills

An interpreter has been called/is present

#### Instructions for Simulation (40 min.)

There are 4 steps to the simulation activity, each involving a different member of your team. Each student will conduct part of the interview with the patient. You may use the interview guide to help you with what questions to ask the patient. This is just a guide; you do not need to worry about getting through all the questions in the time allotted.

Each student has 5 min. to interview the patient. After each part of the interview, each student will have 5 min. to reflect on what the experience was like communicating with the patient with the interpreter. Did you find it easy, challenging, or frustrating in any way? The sequence will look like this:

Step	Patient Interview	Timing
Student 1	Briefing with the interpreter & History of Present Illness	5 min
	Reflect on your experience interviewing the patient	5 min
Student 2	Past Medical History	5 min
	Reflect on your experience interviewing the patient	5 min
Student 3	Social History	5 min
	Reflect on your experience interviewing the patient	5 min
Student 4	Family History & Medications	5 min
	Reflect on your experience interviewing the patient	5 min



**Team Discussion (25 min.)**

After each student has interviewed the patient and reflected on the experience, your team has 25 min. to discuss the following questions. You may also use this time to ask the interpreter any questions that came up during the activity.

1. How did your team do with conducting the patient interview according to the *Guidelines for Working with Interpreters*?
2. How well were the concepts of communication, team collaboration, and patient-centeredness addressed during the briefing and interaction with the patient?
3. What were the barriers to good communication, team collaboration, and patient-centered care? What worked well?



## Providing Safe and Effective Care for Patients with Limited English Proficiency

### CLASSROOM SESSION 2

#### Case Study: Mrs. Gonzalez

Site: Emergency Department

#### Information provided to students

Age: 68

An interpreter has been called/is present

Vital signs: T: 101.3 PO, BP 154/92, Pulse: 108 regular, R: 24, shallow

Ht: 61" Weight: 96 lbs BMI 18.1

Accompanied by daughter in law (in waiting room on cell phone)

Reason for visit: Cough and fever/chills

#### History of Present Illness

Mrs. Gonzalez woke up this morning with shaking chills and feeling a little short of breath. She thinks she may have a fever but hasn't checked her temperature. She has had a cough for a few days and has been using cough medicine (Nyquil) and drinking herbal tea. She feels very tired and has been unable to keep up with the cooking that she likes to do. She is coughing up greenish/yellow phlegm (no blood) and has a pain in the right side of her chest especially when she takes a deep breath. The pain is not worse with exertion. She vomited once this morning and feels a little nauseated. Has not been drinking fluids, except for chamomile tea several times a day and a little soup yesterday. She does not have any nasal congestion, sore throat or sinus pain. She is not wheezing.

She has no headache, no dizziness, no difficulties with vision, or hearing, and no abdominal pain. Urination is normal but sometimes some urine leaks out when she coughs or laughs (stress incontinence). Bowels normal without diarrhea or constipation. Has stiffness in joints, especially in left knee with stairs. She has lost some weight over the past 6 months that she has been living with her son. She mourns the loss of her husband about a year ago and feels very lonely because she has recently moved from Miami to Boston where she doesn't know anyone.

#### Past Medical History

Has had 6 pregnancies and 4 live vaginal births (two miscarriages). All home births in Honduras. Breastfed all children.

Menarche: 11

LMP: unsure, had hysterectomy when she was 47.

Hospitalizations: For hysterectomy. Gall bladder was removed two years ago.

No previous lung problems.

Last medical visit two years ago/ not in this city: told she had high blood pressure and high cholesterol.

#### Family history

Parents are both deceased. Her mother died in childbirth at age 32. Her father died at age 46 of an accident.

Mrs. Gonzalez is the oldest of four siblings.

One sister with high blood pressure lives nearby. Two other siblings are deceased: a sister died of uterine cancer at age 43 about ten years ago, and a brother died of AIDS at age 23.

Her husband died one year ago of prostate cancer.



### Social history

Of four children, one son lives in Boston area, one in Miami, and one is still in Honduras. One son died at age 18 from a gunshot wound in Honduras (gang violence). She is living with the youngest son now in Boston area for the past 6 months (she moved from Florida where she lived with her husband before he died).

Her son is a high school teacher and her daughter in law works evenings at a supermarket and doesn't speak Spanish. They have two little boys, aged three and five who have recently been home with colds. They have two cats.

Education: 6th grade in Puerto Cortes, Honduras. Reads in Spanish only.

Activities: Cooking, telenovelas (soap operas). Worked in a fish packing plant both in Honduras and Miami.

Diet: Usually cooks and eats traditional Central American food, but the rest of the family prefers US food and daughter-in-law brings home prepared foods.

Depression: Feels sad, misses husband, isolated in new location. Patient is very anxious about having some type of cancer.

Substance use: Doesn't drink or smoke. Daughter in law smokes at home. Husband smoked cigars.

Has Medicare and Medicaid for insurance. Has no problems affording medications.

### Medications and Allergies

Allergic to sulfa drugs (rash) and shellfish (hives/rash).

Medicines: Took Lipitor for cholesterol for 6 months but then stopped as she ran out and thought her cholesterol as better. Was prescribed Fluoxetine for depression 6 months ago but never took it because she feels it's not right to take medicine while grieving for her husband.

Other: chamomile tea (te de manzanilla), which she thinks has helped with the cough until this morning. Also Nyquil.

She usually doesn't like to take medications. She thinks they are very strong and her body doesn't tolerate them very well since she is small. Prefers natural remedies.







## Providing Safe and Effective Care for Patients with Limited English Proficiency

### CLASSROOM SESSION 2

#### Student Interview Guide for Simulated Patient Interaction

These are suggested guidelines for conducting an interview with the simulated patient. The idea is to give you an opportunity to practice conducting an interview with a patient with LEP with the assistance of an interpreter. You may improvise and use your own questions in response to what you hear from the simulated patient. These questions may help you keep the interview flowing and allow you to focus your attention on working with the interpreter to communicate with the patient.

#### Student 1: History of Present Illness

- Introduce yourself and the interpreter, and allow the patient to introduce herself.
- I'd like to ask you some questions if that's ok with you.
- First can you tell me about the reason you came in today?
- What are your symptoms? Anything else?
- When did this start? Then what happened?
- OK, can you tell me a little more about each of the symptoms you've been having? Let's start with...
- Has it been constant or does it come and go?
- How bad is it? How does it affect you? Does it prevent you from doing your normal activities?
- Is there anything that makes it better or worse?
- What have you tried to make this better? How has it worked?

#### Student 2: Past Medical History

- I'd like to ask some questions about your medical history.
- Do you have a regular primary care provider? When was the last time you saw your primary care provider?
- What medical problems have you had in the past? Can you tell me a little more about that? How about now?
- Have you had any lung problems in the past? Asthma, pneumonia, emphysema, tuberculosis?
- Have you ever been hospitalized? Have you had any surgeries? Can you tell me more about that? How about pregnancies and deliveries? Any complications?

#### Student 3: Social History

- Now I'd like to ask you some questions about yourself if that's ok.
- Where are you from originally? How long have you been here? Why did you decide to come? How has the change been for you?
- Can you tell me about your family? What do they do? Anyone else that is important to you?
- Where you do live now? Who do you live with? Do you have people that you can count on for help if you need it?
- What do you do for work? How has that been? How is your financial situation now? Any trouble affording things that you need? Medications? Health insurance?
- What do you like to do when you have spare time? Any hobbies? Exercise?
- Tell me about your usual diet?
- Do you smoke? Drink alcohol? Any recreational drugs?
- Are you in a relationship with anyone?





#### Student 4: Family History and Medications

##### *Family History*

- Can you tell me if there are any illnesses that run in your family?
- Let's start with your parents. Are they still alive? Did/do they have any medical problems? What else?
- Any diabetes? Heart problems? Cancer? Other hereditary illnesses?
- How about your brothers and sisters? Your children?

##### *Medications*

- Do you take any medications? Which ones? Do you take them regularly? Any other prescriptions?
- Any problems from medications? Side effects? Allergies?
- What about medicines you buy without a prescription?
- Do you use anything else besides medications to treat yourself? Anyone else you see for your health? Alternative medicine? Home remedies?
- What are your thoughts on taking medications in general?





# Guidelines for Working with Interpreters

## Before Seeing the Patient

### Preparations

- Working with patients with limited English proficiency may take more time than English-only appointments, so planning additional time for the encounter may be necessary.
- Before entering the room, provide the interpreter and other members of the care team with background information, and set goals to "get on the same page." This discussion should take place in a private room and comply with HIPPA regulations.
- Encourage the interpreter and other members of the care team to speak up with any relevant information or concerns that might affect care



## During the Interaction

### Logistics

- When working with patients with LEP, a qualified medical interpreter would ideally be present for the entire encounter.
- Confirm that the patient is aware of their legal right to an interpreter free of charge.
- Introduce the interpreter to the patient before beginning.
- Position the patient, the interpreter, and yourself in a triangle.
- Address the patient, not the interpreter, and maintain primary eye contact with the patient. Talk with patient the same way you would if you both spoke the same language.
- Remember that the interpreter does not have responsibility to direct the consultation or keep it under control.
- Remember that the interpreter is required to interpret everything said in the room, including side conversations, thinking out loud, and 'irrelevant' or repetitive comments.

### Dialogue

- Keep a pace that allows time for interpretation. Pause after each thought or when the interpreter signals to you to allow for interpretation. Break statements into short sections if long explanations are necessary.
- Avoid medical jargon, idiomatic expressions, and acronyms. Keep in mind certain expressions may not exist in a given language.
- Ask only one question at a time. Keep your questions short and your commentary brief.
- Avoid thinking out loud. The interpreter is required to translate whatever is said, and thinking out loud may lead to confusion.
- Confirm understanding with patient and agreement with the plan by asking the patient to repeat key information back to you.
- Encourage the interpreter to clarify terms with you. Ask the interpreter to interpret back to you whenever you are concerned about the accuracy or completeness of the interpretation.





### Nonverbal Communication

- Be aware of nonverbal communication (tone of voice, facial expressions, and body language), which is often the key to a patient's emotional state.
- Avoid using hand gestures that may not be universally understood in the same way.
- Make sure all three people involved – the patient, interpreter, and clinician – can see each others' faces. Use non-verbal communication, such as smiling, to put the patient at ease.

### After the Seeing the Patient

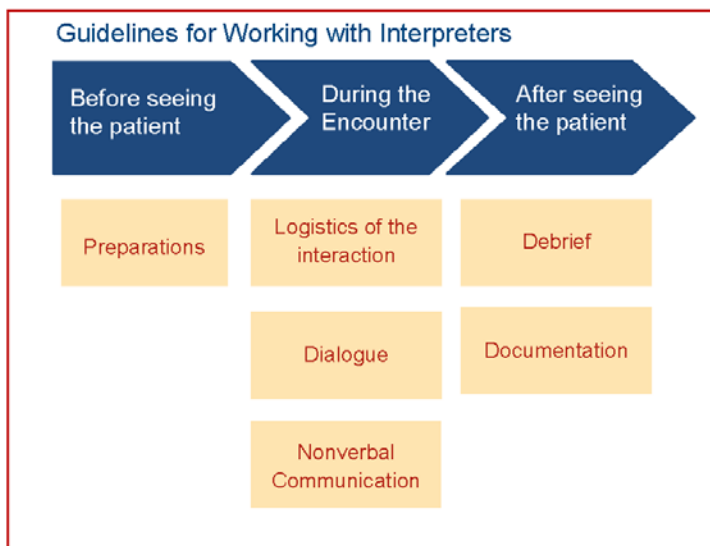
#### Debrief

- After seeing the patient, debrief with the interpreter about the communication process.
- Clarify any miscommunications or inaccuracies.
- If necessary, speak privately with the interpreter who may perceive cultural and emotional subtleties more clearly. Ask the interpreter for cultural clarification if needed.

#### Documentation

The following information should be documented in the patient's records, progress notes, and consent forms:

- The patient's language needs, including the patient's dialect
- Involvement of a medical interpreter
- Interpreter's name and ID number
- If the patient refuses a medical interpreter
- If the provider is unable to get a medical interpreter for face to face or phone interpretation



These guidelines have been compiled and adapted from the following resources:

1. Linking Voices. The Interpreting Stakeholder Group. Facilitator's Guide: How to Work Effectively with Interpreters.
2. Massachusetts General Hospital, Medical Interpreter Services. Working with an Interpreter: DO's and DONT's. <http://www2.massgeneral.org/interpreters/do.asp>. Accessed November 26, 2012.
3. Massachusetts General Hospital, Medical Interpreter Services. Working with an Interpreter: Stronger outcomes tips. <http://www2.massgeneral.org/interpreters/working.asp>. Accessed November 26, 2012.
4. Agency for Healthcare Quality and Research. TeamSTEPPS "Briefs" slide. <http://www.ahrq.gov/teamstepstools/lep/traintrainers/lepistafftrain.pdf>. Accessed November 26, 2012.

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# **Appendix B: Simulation Exercise Interpreter Packet**

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Providing Safe and Effective Care for Patients with Limited English Proficiency  
CLASSROOM SESSION 2

# Simulation Exercise

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## Interpreter Packet



## Providing Safe and Effective Care for Patients with Limited English Proficiency

### CLASSROOM SESSION 2

#### Overview of Simulation Exercise

Each team will engage in an interview with a simulated patient based on a case that is provided to the students. Each student team in the class will receive the same case. The students enrolled in this course come from both medical and nursing schools. They are likely to have different levels of clinical expertise and experience with interviewing patients, including those with limited English proficiency.

The purpose of this exercise is for students to practice their skills at communicating with the patient through the use of an interpreter (or remote interpreter services). Students need to practice looking and speaking directly to the patient, using short and simple sentences, avoiding medical jargon, and checking in with the patient to confirm understanding.

#### Instructions for Interpreters

- Please review the case study carefully.
- Review the student group assignments to determine which team you will be working with.
- You will be interpreting for a Spanish-speaking simulated patient, Mrs. Gonzalez.
- Please speak up and contribute to clarifying information and cultural aspects of the patients' problems as necessary.
- Once the simulation exercise is complete, please contribute to the team discussion. You can provide valuable feedback on how well the students were able to: incorporate the interpreter into the team, apply the *Guidelines for Working with Interpreters*, and focus on the patient. Additional feedback on the pace of the interview, the students' use of jargon, and non-verbal communication are also welcome.



## Providing Safe and Effective Care for Patients with Limited English Proficiency

### CLASSROOM SESSION 2

#### Simulation Exercise and Team Discussion

**Students:** Each student will conduct an interview with the patient while working with a professional interpreter to get the history of present illness, past medical history, social history, family history, and medications. The purpose is to practice the skills needed to effectively work as part of a team with a professional interpreter, not to diagnose the patient or to evaluate skills for conducting an interview with a patient. Use the *Guidelines for Working with Interpreters* handout during the exercise.

**Patient Simulators:** There is one patient simulator assigned to each team. Patient simulators will converse only in their native language and will not communicate in English during the interview.

**Interpreters:** One interpreter is assigned to each team.

**Team Facilitators:** One team facilitator is assigned to each team and will facilitate the team discussions among students, patient simulators, and interpreters.

#### Patient Information

Name: Mrs. Gonzalez

Site: Emergency Department

Age: 68

Vital signs: T: 101.3 PO, BP 154/92, Pulse: 108 regular, R: 24, shallow

Height: 61" Weight: 96 lbs BMI: 18.1

Accompanied by daughter-in-law (in waiting room on cell phone)

Reason for visit: Cough and fever/chills

An interpreter has been called/is present

#### Instructions for Simulation (40 min.)

There are 4 steps to the simulation activity, each involving a different member of your team. Each student will conduct part of the interview with the patient. You may use the interview guide to help you with what questions to ask the patient. This is just a guide; you do not need to worry about getting through all the questions in the time allotted.

Each student has 5 min. to interview the patient. After each part of the interview, each student will have 5 min. to reflect on what the experience was like communicating with the patient with the interpreter. Did you find it easy, challenging, or frustrating in any way? The sequence will look like this:

Step	Patient Interview	Timing
Student 1	Briefing with the interpreter & History of Present Illness	5 min
	Reflect on your experience interviewing the patient	5 min
Student 2	Past Medical History	5 min
	Reflect on your experience interviewing the patient	5 min
Student 3	Social History	5 min
	Reflect on your experience interviewing the patient	5 min
Student 4	Family History & Medications	5 min
	Reflect on your experience interviewing the patient	5 min



**Team Discussion (25 min.)**

After each student has interviewed the patient and reflected on the experience, your team has 25 min. to discuss the following questions. You may also use this time to ask the interpreter any questions that came up during the activity.

1. How did your team do with conducting the patient interview according to the *Guidelines for Working with Interpreters*?
2. How well were the concepts of communication, team collaboration, and patient-centeredness addressed during the briefing and interaction with the patient?
3. What were the barriers to good communication, team collaboration, and patient-centered care? What worked well?





## Providing Safe and Effective Care for Patients with Limited English Proficiency

### CLASSROOM SESSION 2

#### Case Study: Mrs. Gonzalez

Site: Emergency Department

#### Information provided to students

Age: 68

An interpreter has been called/is present

Vital signs: T: 101.3 PO, BP 154/92, Pulse: 108 regular, R: 24, shallow

Ht: 61" Weight: 96 lbs BMI 18.1

Accompanied by daughter in law (in waiting room on cell phone)

Reason for visit: Cough and fever/chills

#### History of Present Illness

Mrs. Gonzalez woke up this morning with shaking chills and feeling a little short of breath. She thinks she may have a fever but hasn't checked her temperature. She has had a cough for a few days and has been using cough medicine (Nyquil) and drinking herbal tea. She feels very tired and has been unable to keep up with the cooking that she likes to do. She is coughing up greenish/yellow phlegm (no blood) and has a pain in the right side of her chest especially when she takes a deep breath. The pain is not worse with exertion. She vomited once this morning and feels a little nauseated. Has not been drinking fluids, except for chamomile tea several times a day and a little soup yesterday. She does not have any nasal congestion, sore throat or sinus pain. She is not wheezing.

She has no headache, no dizziness, no difficulties with vision, or hearing, and no abdominal pain. Urination is normal but sometimes some urine leaks out when she coughs or laughs (stress incontinence). Bowels normal without diarrhea or constipation. Has stiffness in joints, especially in left knee with stairs. She has lost some weight over the past 6 months that she has been living with her son. She mourns the loss of her husband about a year ago and feels very lonely because she has recently moved from Miami to Boston where she doesn't know anyone.

#### Past Medical History

Has had 6 pregnancies and 4 live vaginal births (two miscarriages). All home births in Honduras. Breastfed all children.

Menarche: 11

LMP: unsure, had hysterectomy when she was 47.

Hospitalizations: For hysterectomy. Gall bladder was removed two years ago.

No previous lung problems.

Last medical visit two years ago/ not in this city: told she had high blood pressure and high cholesterol.

#### Family history

Parents are both deceased. Her mother died in childbirth at age 32. Her father died at age 46 of an accident.

Mrs. Gonzalez is the oldest of four siblings.

One sister with high blood pressure lives nearby. Two other siblings are deceased: a sister died of uterine cancer at age 43 about ten years ago, and a brother died of AIDS at age 23.

Her husband died one year ago of prostate cancer.







### Social history

Of four children, one son lives in Boston area, one in Miami, and one is still in Honduras. One son died at age 18 from a gunshot wound in Honduras (gang violence). She is living with the youngest son now in Boston area for the past 6 months (she moved from Florida where she lived with her husband before he died).

Her son is a high school teacher and her daughter in law works evenings at a supermarket and doesn't speak Spanish. They have two little boys, aged three and five who have recently been home with colds. They have two cats.

Education: 6th grade in Puerto Cortes, Honduras. Reads in Spanish only.

Activities: Cooking, telenovelas (soap operas). Worked in a fish packing plant both in Honduras and Miami.

Diet: Usually cooks and eats traditional Central American food, but the rest of the family prefers US food and daughter-in-law brings home prepared foods.

Depression: Feels sad, misses husband, isolated in new location. Patient is very anxious about having some type of cancer.

Substance use: Doesn't drink or smoke. Daughter in law smokes at home. Husband smoked cigars.

Has Medicare and Medicaid for insurance. Has no problems affording medications.

### Medications and Allergies

Allergic to sulfa drugs (rash) and shellfish (hives/rash).

Medicines: Took Lipitor for cholesterol for 6 months but then stopped as she ran out and thought her cholesterol as better. Was prescribed Fluoxetine for depression 6 months ago but never took it because she feels it's not right to take medicine while grieving for her husband.

Other: chamomile tea (te de manzanilla), which she thinks has helped with the cough until this morning. Also Nyquil.

She usually doesn't like to take medications. She thinks they are very strong and her body doesn't tolerate them very well since she is small. Prefers natural remedies.







# Guidelines for Working with Interpreters

## Before Seeing the Patient

### Preparations

- Working with patients with limited English proficiency may take more time than English-only appointments, so planning additional time for the encounter may be necessary.
- Before entering the room, provide the interpreter and other members of the care team with background information, and set goals to "get on the same page." This discussion should take place in a private room and comply with HIPPA regulations.
- Encourage the interpreter and other members of the care team to speak up with any relevant information or concerns that might affect care



## During the Interaction

### Logistics

- When working with patients with LEP, a qualified medical interpreter would ideally be present for the entire encounter.
- Confirm that the patient is aware of their legal right to an interpreter free of charge.
- Introduce the interpreter to the patient before beginning.
- Position the patient, the interpreter, and yourself in a triangle.
- Address the patient, not the interpreter, and maintain primary eye contact with the patient. Talk with patient the same way you would if you both spoke the same language.
- Remember that the interpreter does not have responsibility to direct the consultation or keep it under control.
- Remember that the interpreter is required to interpret everything said in the room, including side conversations, thinking out loud, and 'irrelevant' or repetitive comments.

### Dialogue

- Keep a pace that allows time for interpretation. Pause after each thought or when the interpreter signals to you to allow for interpretation. Break statements into short sections if long explanations are necessary.
- Avoid medical jargon, idiomatic expressions, and acronyms. Keep in mind certain expressions may not exist in a given language.
- Ask only one question at a time. Keep your questions short and your commentary brief.
- Avoid thinking out loud. The interpreter is required to translate whatever is said, and thinking out loud may lead to confusion.
- Confirm understanding with patient and agreement with the plan by asking the patient to repeat key information back to you.
- Encourage the interpreter to clarify terms with you. Ask the interpreter to interpret back to you whenever you are concerned about the accuracy or completeness of the interpretation.





### Nonverbal Communication

- Be aware of nonverbal communication (tone of voice, facial expressions, and body language), which is often the key to a patient's emotional state.
- Avoid using hand gestures that may not be universally understood in the same way.
- Make sure all three people involved – the patient, interpreter, and clinician – can see each others' faces. Use non-verbal communication, such as smiling, to put the patient at ease.

### After the Seeing the Patient

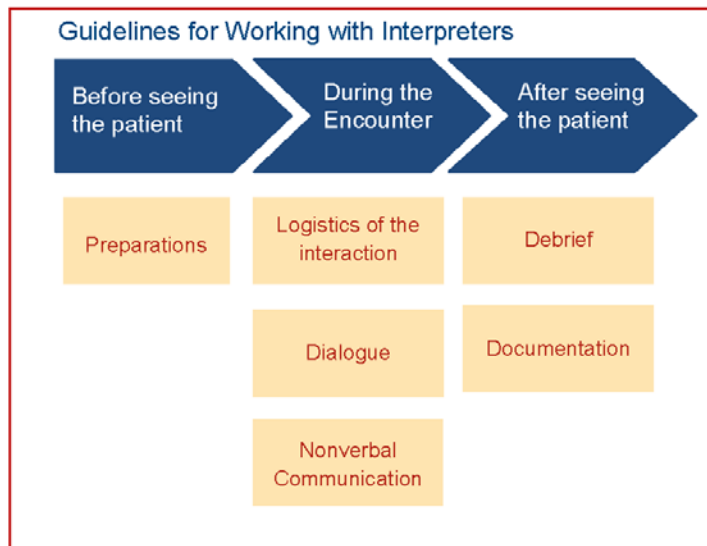
#### Debrief

- After seeing the patient, debrief with the interpreter about the communication process.
- Clarify any miscommunications or inaccuracies.
- If necessary, speak privately with the interpreter who may perceive cultural and emotional subtleties more clearly. Ask the interpreter for cultural clarification if needed.

#### Documentation

The following information should be documented in the patient's records, progress notes, and consent forms:

- The patient's language needs, including the patient's dialect
- Involvement of a medical interpreter
- Interpreter's name and ID number
- If the patient refuses a medical interpreter
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These guidelines have been compiled and adapted from the following resources:

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# **Appendix C: Simulation Exercise Patient Simulator Packet**

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Providing Safe and Effective Care for Patients with Limited English Proficiency  
CLASSROOM SESSION 2

## Simulation Exercise

### Patient Simulator Packet



## Providing Safe and Effective Care for Patients with Limited English Proficiency

### CLASSROOM SESSION 2

#### Overview of Simulation Exercise

Each student team will engage in an interview with a simulated patient based on a case that is provided to the students. Each student team in the class will receive the same case. The students enrolled in this course come from both medical and nursing schools. They are likely to have different levels of clinical expertise and experience with interviewing patients including those with Limited English Proficiency.

The purpose of this exercise is for students to practice their skills at communicating with the patient through the use of an interpreter (or remote interpreter services). Students need to practice looking and speaking directly to the patient, using short and simple sentences, avoiding medical jargon, and checking in with the patient to confirm understanding.

#### Instructions for Patient Simulators

- Please review the case study and the interview guide distributed to the students carefully. While you do not have to memorize specific data in the case, please refrain from making the case more complex.
- Review the student group assignments to determine which team you will be working with.
- Please respond to student questions in the language indicated, never in English.
- Students will ask you about your current illness/symptoms, past medical history, social history, family history, and medications.
- Students may not get to all of the questions suggested in their patient interview guide, and may ask the questions somewhat differently than written. Please respond as naturally as possible in the role you have assumed as the patient.
- Please participate in the team discussion by providing feedback on the interview, specifically the dialogue and non-verbal communication.





## Providing Safe and Effective Care for Patients with Limited English Proficiency

### CLASSROOM SESSION 2

#### Simulation Exercise and Team Discussion

**Students:** Each student will conduct an interview with the patient while working with a professional interpreter to get the history of present illness, past medical history, social history, family history, and medications. The purpose is to practice the skills needed to effectively work as part of a team with a professional interpreter, not to diagnose the patient or to evaluate skills for conducting an interview with a patient. Use the *Guidelines for Working with Interpreters* handout during the exercise.

**Patient Simulators:** There is one patient simulator assigned to each team. Patient simulators will converse only in their native language and will not communicate in English during the interview.

**Interpreters:** One interpreter is assigned to each team.

**Team Facilitators:** One team facilitator is assigned to each team and will facilitate the team discussions among students, patient simulators, and interpreters.

#### Patient Information

Name: Mrs. Gonzalez

Site: Emergency Department

Age: 68

Vital signs: T: 101.3 PO, BP 154/92, Pulse: 108 regular, R: 24, shallow

Height: 61" Weight: 96 lbs BMI: 18.1

Accompanied by daughter-in-law (in waiting room on cell phone)

Reason for visit: Cough and fever/chills

An interpreter has been called/is present

#### Instructions for Simulation (40 min.)

There are 4 steps to the simulation activity, each involving a different member of your team. Each student will conduct part of the interview with the patient. You may use the interview guide to help you with what questions to ask the patient. This is just a guide; you do not need to worry about getting through all the questions in the time allotted.

Each student has 5 min. to interview the patient. After each part of the interview, each student will have 5 min. to reflect on what the experience was like communicating with the patient with the interpreter. Did you find it easy, challenging, or frustrating in any way? The sequence will look like this:

Step	Patient Interview	Timing
Student 1	Briefing with the interpreter & History of Present Illness	5 min
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Student 3	Social History	5 min
	Reflect on your experience interviewing the patient	5 min
Student 4	Family History & Medications	5 min
	Reflect on your experience interviewing the patient	5 min



**Team Discussion (25 min.)**

After each student has interviewed the patient and reflected on the experience, your team has 25 min. to discuss the following questions. You may also use this time to ask the interpreter any questions that came up during the activity.

1. How did your team do with conducting the patient interview according to the *Guidelines for Working with Interpreters*?
2. How well were the concepts of communication, team collaboration, and patient-centeredness addressed during the briefing and interaction with the patient?
3. What were the barriers to good communication, team collaboration, and patient-centered care? What worked well?



## Providing Safe and Effective Care for Patients with Limited English Proficiency

### CLASSROOM SESSION 2

#### Case Study: Mrs. Gonzalez

Site: Emergency Department

#### Information provided to students

Age: 68

An interpreter has been called/is present

Vital signs: T: 101.3 PO, BP 154/92, Pulse: 108 regular, R: 24, shallow

Ht: 61" Weight: 96 lbs BMI 18.1

Accompanied by daughter in law (in waiting room on cell phone)

Reason for visit: Cough and fever/chills

#### History of Present Illness

Mrs. Gonzalez woke up this morning with shaking chills and feeling a little short of breath. She thinks she may have a fever but hasn't checked her temperature. She has had a cough for a few days and has been using cough medicine (Nyquil) and drinking herbal tea. She feels very tired and has been unable to keep up with the cooking that she likes to do. She is coughing up greenish/yellow phlegm (no blood) and has a pain in the right side of her chest especially when she takes a deep breath. The pain is not worse with exertion. She vomited once this morning and feels a little nauseated. Has not been drinking fluids, except for chamomile tea several times a day and a little soup yesterday. She does not have any nasal congestion, sore throat or sinus pain. She is not wheezing.

She has no headache, no dizziness, no difficulties with vision, or hearing, and no abdominal pain. Urination is normal but sometimes some urine leaks out when she coughs or laughs (stress incontinence). Bowels normal without diarrhea or constipation. Has stiffness in joints, especially in left knee with stairs. She has lost some weight over the past 6 months that she has been living with her son. She mourns the loss of her husband about a year ago and feels very lonely because she has recently moved from Miami to Boston where she doesn't know anyone.

#### Past Medical History

Has had 6 pregnancies and 4 live vaginal births (two miscarriages). All home births in Honduras. Breastfed all children.

Menarche: 11

LMP: unsure, had hysterectomy when she was 47.

Hospitalizations: For hysterectomy. Gall bladder was removed two years ago.

No previous lung problems.

Last medical visit two years ago/ not in this city: told she had high blood pressure and high cholesterol.

#### Family history

Parents are both deceased. Her mother died in childbirth at age 32. Her father died at age 46 of an accident.

Mrs. Gonzalez is the oldest of four siblings.

One sister with high blood pressure lives nearby. Two other siblings are deceased: a sister died of uterine cancer at age 43 about ten years ago, and a brother died of AIDS at age 23.

Her husband died one year ago of prostate cancer.





**Social history**

Of four children, one son lives in Boston area, one in Miami, and one is still in Honduras. One son died at age 18 from a gunshot wound in Honduras (gang violence). She is living with the youngest son now in Boston area for the past 6 months (she moved from Florida where she lived with her husband before he died).

Her son is a high school teacher and her daughter in law works evenings at a supermarket and doesn't speak Spanish. They have two little boys, aged three and five who have recently been home with colds. They have two cats.

Education: 6th grade in Puerto Cortes, Honduras. Reads in Spanish only.

Activities: Cooking, telenovelas (soap operas). Worked in a fish packing plant both in Honduras and Miami.

Diet: Usually cooks and eats traditional Central American food, but the rest of the family prefers US food and daughter-in-law brings home prepared foods.

Depression: Feels sad, misses husband, isolated in new location. Patient is very anxious about having some type of cancer.

Substance use: Doesn't drink or smoke. Daughter in law smokes at home. Husband smoked cigars.

Has Medicare and Medicaid for insurance. Has no problems affording medications.

**Medications and Allergies**

Allergic to sulfa drugs (rash) and shellfish (hives/rash).

Medicines: Took Lipitor for cholesterol for 6 months but then stopped as she ran out and thought her cholesterol as better. Was prescribed Fluoxetine for depression 6 months ago but never took it because she feels it's not right to take medicine while grieving for her husband.

Other: chamomile tea (te de manzanilla), which she thinks has helped with the cough until this morning. Also Nyquil.

She usually doesn't like to take medications. She thinks they are very strong and her body doesn't tolerate them very well since she is small. Prefers natural remedies.





## Providing Safe and Effective Care for Patients with Limited English Proficiency

### CLASSROOM SESSION 2

#### Student Interview Guide for Simulated Patient Interaction

These are suggested guidelines for conducting an interview with the simulated patient. The idea is to give you an opportunity to practice conducting an interview with a patient with LEP with the assistance of an interpreter. You may improvise and use your own questions in response to what you hear from the simulated patient. These questions may help you keep the interview flowing and allow you to focus your attention on working with the interpreter to communicate with the patient.

#### Student 1: History of Present Illness

- Introduce yourself and the interpreter, and allow the patient to introduce herself.
- I'd like to ask you some questions if that's ok with you.
- First can you tell me about the reason you came in today?
- What are your symptoms? Anything else?
- When did this start? Then what happened?
- OK, can you tell me a little more about each of the symptoms you've been having? Let's start with...
- Has it been constant or does it come and go?
- How bad is it? How does it affect you? Does it prevent you from doing your normal activities?
- Is there anything that makes it better or worse?
- What have you tried to make this better? How has it worked?

#### Student 2: Past Medical History

- I'd like to ask some questions about your medical history.
- Do you have a regular primary care provider? When was the last time you saw your primary care provider?
- What medical problems have you had in the past? Can you tell me a little more about that? How about now?
- Have you had any lung problems in the past? Asthma, pneumonia, emphysema, tuberculosis?
- Have you ever been hospitalized? Have you had any surgeries? Can you tell me more about that? How about pregnancies and deliveries? Any complications?

#### Student 3: Social History

- Now I'd like to ask you some questions about yourself if that's ok.
- Where are you from originally? How long have you been here? Why did you decide to come? How has the change been for you?
- Can you tell me about your family? What do they do? Anyone else that is important to you?
- Where you do live now? Who do you live with? Do you have people that you can count on for help if you need it?
- What do you do for work? How has that been? How is your financial situation now? Any trouble affording things that you need? Medications? Health insurance?
- What do you like to do when you have spare time? Any hobbies? Exercise?
- Tell me about your usual diet?
- Do you smoke? Drink alcohol? Any recreational drugs?
- Are you in a relationship with anyone?





#### Student 4: Family History and Medications

##### *Family History*

- Can you tell me if there are any illnesses that run in your family?
- Let's start with your parents. Are they still alive? Did/do they have any medical problems? What else?
- Any diabetes? Heart problems? Cancer? Other hereditary illnesses?
- How about your brothers and sisters? Your children?

##### *Medications*

- Do you take any medications? Which ones? Do you take them regularly? Any other prescriptions?
- Any problems from medications? Side effects? Allergies?
- What about medicines you buy without a prescription?
- Do you use anything else besides medications to treat yourself? Anyone else you see for your health? Alternative medicine? Home remedies?
- What are your thoughts on taking medications in general?







# Guidelines for Working with Interpreters

## Before Seeing the Patient

### Preparations

- Working with patients with limited English proficiency may take more time than English-only appointments, so planning additional time for the encounter may be necessary.
- Before entering the room, provide the interpreter and other members of the care team with background information, and set goals to "get on the same page." This discussion should take place in a private room and comply with HIPPA regulations.
- Encourage the interpreter and other members of the care team to speak up with any relevant information or concerns that might affect care



## During the Interaction

### Logistics

- When working with patients with LEP, a qualified medical interpreter would ideally be present for the entire encounter.
- Confirm that the patient is aware of their legal right to an interpreter free of charge.
- Introduce the interpreter to the patient before beginning.
- Position the patient, the interpreter, and yourself in a triangle.
- Address the patient, not the interpreter, and maintain primary eye contact with the patient. Talk with patient the same way you would if you both spoke the same language.
- Remember that the interpreter does not have responsibility to direct the consultation or keep it under control.
- Remember that the interpreter is required to interpret everything said in the room, including side conversations, thinking out loud, and 'irrelevant' or repetitive comments.

### Dialogue

- Keep a pace that allows time for interpretation. Pause after each thought or when the interpreter signals to you to allow for interpretation. Break statements into short sections if long explanations are necessary.
- Avoid medical jargon, idiomatic expressions, and acronyms. Keep in mind certain expressions may not exist in a given language.
- Ask only one question at a time. Keep your questions short and your commentary brief.
- Avoid thinking out loud. The interpreter is required to translate whatever is said, and thinking out loud may lead to confusion.
- Confirm understanding with patient and agreement with the plan by asking the patient to repeat key information back to you.
- Encourage the interpreter to clarify terms with you. Ask the interpreter to interpret back to you whenever you are concerned about the accuracy or completeness of the interpretation.





### Nonverbal Communication

- Be aware of nonverbal communication (tone of voice, facial expressions, and body language), which is often the key to a patient's emotional state.
- Avoid using hand gestures that may not be universally understood in the same way.
- Make sure all three people involved – the patient, interpreter, and clinician – can see each others' faces. Use non-verbal communication, such as smiling, to put the patient at ease.

### After the Seeing the Patient

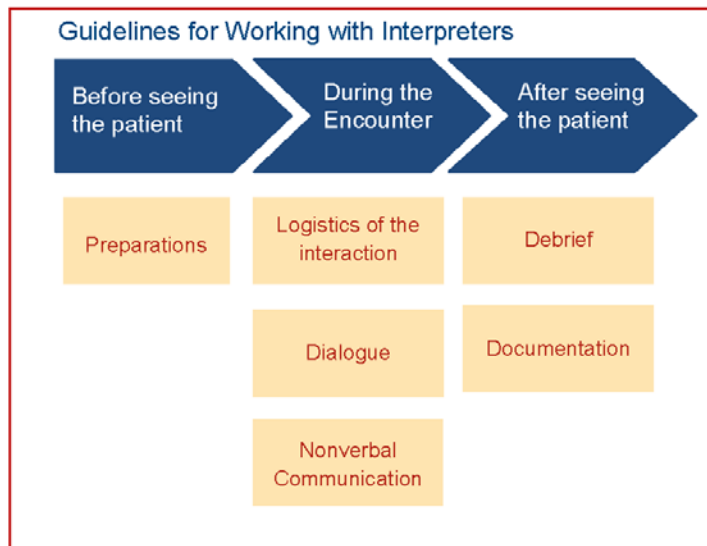
#### Debrief

- After seeing the patient, debrief with the interpreter about the communication process.
- Clarify any miscommunications or inaccuracies.
- If necessary, speak privately with the interpreter who may perceive cultural and emotional subtleties more clearly. Ask the interpreter for cultural clarification if needed.

#### Documentation

The following information should be documented in the patient's records, progress notes, and consent forms:

- The patient's language needs, including the patient's dialect
- Involvement of a medical interpreter
- Interpreter's name and ID number
- If the patient refuses a medical interpreter
- If the provider is unable to get a medical interpreter for face to face or phone interpretation



These guidelines have been compiled and adapted from the following resources:

1. Linking Voices. The Interpreting Stakeholder Group. Facilitator's Guide: How to Work Effectively with Interpreters.
2. Massachusetts General Hospital, Medical Interpreter Services. Working with an Interpreter: DO's and DONT's. <http://www2.massgeneral.org/interpreters/do.asp>. Accessed November 26, 2012.
3. Massachusetts General Hospital, Medical Interpreter Services. Working with an Interpreter: Stronger outcomes tips. <http://www2.massgeneral.org/interpreters/working.asp>. Accessed November 26, 2012.
4. Agency for Healthcare Quality and Research. TeamSTEPPS "Briefs" slide. <http://www.ahrq.gov/teamstepstools/lep/traintrainers/lepistafftrain.pdf>. Accessed November 26, 2012.

This handout was produced as a companion resource to the online learning curriculum, "Providing Safe and Effective Care for Patients with Limited English Proficiency" developed by the Disparities Solutions Center in the Institute for Health Policy at Massachusetts General Hospital in collaboration with the MGH Institute for Health Professions and Harvard Medical School. Funding was provided by the Josiah Macy Jr. Foundation.



