Spanish Interpreter Apprenticeship Program (SIAP) – ENRH-118

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Rationale

Throughout hospitals and clinics in the United States, Spanish has become an essential tool for communicating with patients. Studies show that Spanish-speaking patients are more satisfied with their care when their provider either speaks Spanish or has an accompanying, appropriately-trained interpreter (1, 2). On the other hand, many medical students and physicians lack adequate training in the Spanish language and in the appropriate use of interpretation services, despite the motivation to improve their skills (3). These points resonate at UT Southwestern, with students working at the Parkland Hospital System and volunteering in outside clinics such as the student-run Monday Clinic. Many UT Southwestern students speak Spanish at an advanced level but recognize the need to expand their Spanish-language medical vocabulary and to develop bilingual communication skills unique to clinical settings. In order to prepare students for effective communication with Limited English Proficiency (LEP) patients, a course is necessary to give students an opportunity to develop basic skills in medical interpreting in Spanish.

Objectives

- To teach students about the profession of medical interpreting, including the skills, ethics, and cultural competencies needed to provide adequate interpreting services.
- To provide practical exercises to develop the vocabulary and interpreting skills (e.g. interpreting procedure, listening comprehension, note-taking, and accuracy) needed to break down linguistic barriers between physicians and patients.
- To cultivate cultural sensitivity amongst medical students and provide context for the importance of language in healthcare access.

Format

The Spanish Interpreter Apprenticeship Program is designed as a pre-clinical elective for medical students with *advanced* Spanish proficiency. The course will consist of ten 1.5-hour lectures. The lectures will cover subjects listed below, and time will be divided between a didactic portion, led by one of the three course directors or a guest speaker, and an interactive portion. During the practical portion, students will work in small groups to practice their interpreting skills. There will be a minimum of six students required for the class to run. Classes will take place on Mondays at 5:00pm according to the schedule below.

General Schedule

Date	Didactic Portion 20-40 minutes	Practical Portion 40-60 minutes
9/16	Introduction & Assessment * Introduce medical interpreting and course * Assess written, oral, and reading abilities in Spanish via online quiz	See below for this portion's structure.
9/23	Interpreting Ethics and Standards of Practice * Outline the International Medical Interpreters Association Code of Ethics and National Council on Interpreting in Health Care National Standards of Practice	History and Patient Information
9/30	Essential Skills of Interpretation Guest Speaker: Parkland Interpreter * Introduce important techniques for effective interpreting, e.g. positioning * Relate proper interpretation technique to medical interpreter ethics * Interpreter introductions	Cardiovascular system
10/7	Language Barriers to Healthcare Access Guest speaker: Dr. Rendon (or Resident, ED) * Learn about navigating the healthcare system as an immigrant * Medicaid exercise	Digestive system
10/14	High and Low Register Clinical Vocabularies Guest speaker: Dr. Brown (psych ED physician) Reiterate the importance of accuracy, including register Describe common high/low register words used in clinical practice Point out "tricky" words to use cautiously or to avoid Speaking to patients' vernacular	Reproductive system
10/21	Language, Culture, and Medicine » Discuss the relationship between language and cultural competency » Discuss how race, ethnicity, and language impact healthcare access	Dermatology
10/28	Limited English Proficiency (LEP) Patients in Dallas	Respiratory system

	 Anticipate vocabulary and cultural considerations specific to certain regions and countries represented in Dallas Consider the impact of immigration on the healthcare encounter 	
11/4	How to Use an Interpreter Guest Speaker: James Wagner ** Identify strategies to facilitate provider-interpreter interactions ** Learn about medical interpreting as a profession	Mental health
11/11	Post-Assessment & Interpreter Exam Information * Assess students' abilities and perception of medical interpreting * Inform students about various avenues to serve as an interpreter * Info about SIAP II	Musculo-skeletal system
11/18	Mario's dinner out~~~	

Practical Portion Structure

	Active Practice*	Group evaluation	Class discussion
Participants	Small group** (Three students)	Small group	Whole class
Time	12 minutes (4 minutes interpreting per student)	3 minutes (1 minute after each student's turn interpreting)	5 minutes
Description	-One student reads provider script -One student reads patient script -One student acts as interpreter	Discuss pronunciation, accuracy, omissions, and additions	Discuss questions, common mistakes, and alternative interpretations

^{*}In most classes, small groups will also work on the sight translation of one medical document for 20 minutes.

Student Evaluation

In order to receive transcript acknowledgement, students must attend a minimum of ten hours to receive transcript acknowledgement. Students are also required to complete a REDCap

^{**}Small groups will consist of randomly assigned students of various fluency levels. Course directors will rotate around groups to provide feedback and answer questions.

evaluation. Students who volunteer as an interpreter at one of the volunteer clinics will receive credit for one class. Should the student feel insufficiently prepared to serve as a volunteer interpreter, the student will be allowed to translate course materials from that day and to write a half-page reflection in Spanish regarding the topic they missed.

Course Evaluation

Students will receive an evaluation on the last day of the course. The evaluation will cover the content and presentation of each didactic and practical portion. The scale for this evaluation will span from a 1 (Poor) to 5 (Excellent) for each aspect of the course. There will also be a comments section to allow students to be more specific in their feedback.

References

- 1. Fernandez A, Schillinger D, Grumbach K, Rosenthal A, Stewart AL, Wang F, Perez-Stable EJ. Physician language ability and cultural competence. An exploratory study of communication with Spanish-speaking patients. J Gen Intern Med. 2004 Feb;19(2):167-74.
- 2. Lee LJ, Batal HA, Maselli JH, Kutner JS. Effect of Spanish interpretation method on patient satisfaction in an urban walk-in clinic. J Gen Intern Med. 2002 Aug;17(8):641-5.
- 3. Yawman D, McIntosh S, Fernandez D, Auinger P, Allan M, Weitzman M. The use of Spanish by medical students and residents at one university hospital. Acad Med. 2006 May;81(5):468-73.