

The Facilitator's Guide

Course II

Language Access Services



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Course II is based on CLAS Standards 4-7, which focus on language access services

Standard 4: *Health care organizations must offer and provide language assistance services including bilingual staff and interpreter services, at no cost to the patient with limited English proficiency at all points of contact.*

Standard 5: *Health care organizations must provide to patients in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.*

Standard 6: *Health care organizations must assure the competence of language assistance provided to limited English proficient patients by interpreters and bilingual staff.*

Standard 7: *Health care organizations must make available easily understood patient-related materials and post signage in the languages of the encountered groups in the service area.*

Course II Learning Objectives

At the end of this session, you should be able to:

- *Apply the patient explanatory model interview questions to elicit information about health beliefs*
- *Integrate three effective communication models into your daily interaction with patients*
- *Identify Federal laws and standards related to providing language access services*
- *Recognize the appropriate roles for interpreters and translators in health care organizations*
- *Select appropriate language access services models and types of interpretation services*
- *Effectively facilitate the triadic interview process*
- *Recognize low health literacy behaviors and create strategies for helping patients with low health literacy*
- *Select appropriate types of written or translated materials*

Thinking About Nurse-Patient Communication

- *How do you communicate with your patients?*
- *How effective is your communication with your patients?*
- *How does culture shape communication with your patients?*

Overview of Nurse-Patient Communication

- *Communication is a complex process of sending and receiving verbal and nonverbal messages*
- *The communication process allows for the exchange of information, feelings, needs, and preferences*
- *Communication is influenced by cultural values, attitudes, and beliefs, and has its roots embedded in culture*
- *Each culture communicates using verbal and nonverbal methods*



Factors Shaping Nurse-Patient Communication

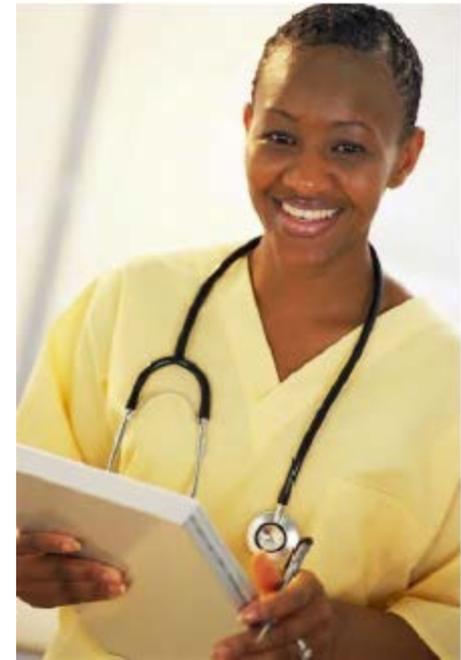
Cultural factors that shape nurse-patient communication:

- *Practices of formal interaction accepted within different cultures*
- *Health-seeking behavior of diverse patients*
- *Culturally specific body language*
 - *Facial expression*
 - *Tone of voice*
 - *Eye contact*

Nonverbal communication makes up 85% of all communication

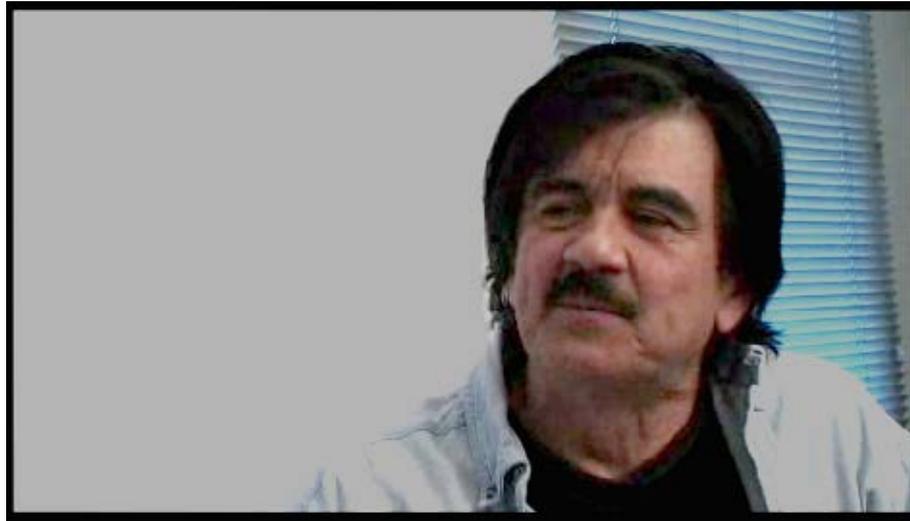
Patient Explanatory Model

- *The patient explanatory model is the belief system that people from a given culture have about what caused their illness and what the illness does to them*
- *A patient's explanatory model can be elicited through interviewing techniques*



Jose Gomez Case Study

- *Jose Gomez*
 - *Visits a community clinic*
 - *Mexican*
 - *Limited English proficient*
 - *Was informed that he had prostate cancer*



Recap and Reflection

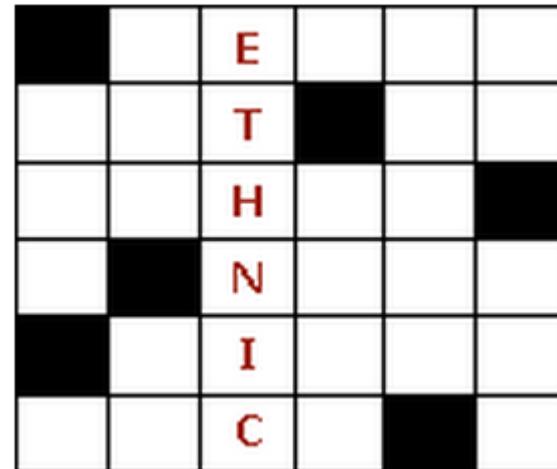
- *We need to understand patients' explanatory models or beliefs related to the causes of illness and its effects*
- *When trying to elicit patients' explanatory models, we need to be aware that communication preferences are influenced by cultural values, attitudes, and beliefs*

*Take a moment to reflect on what we have covered so far.
What are your most important insights?*

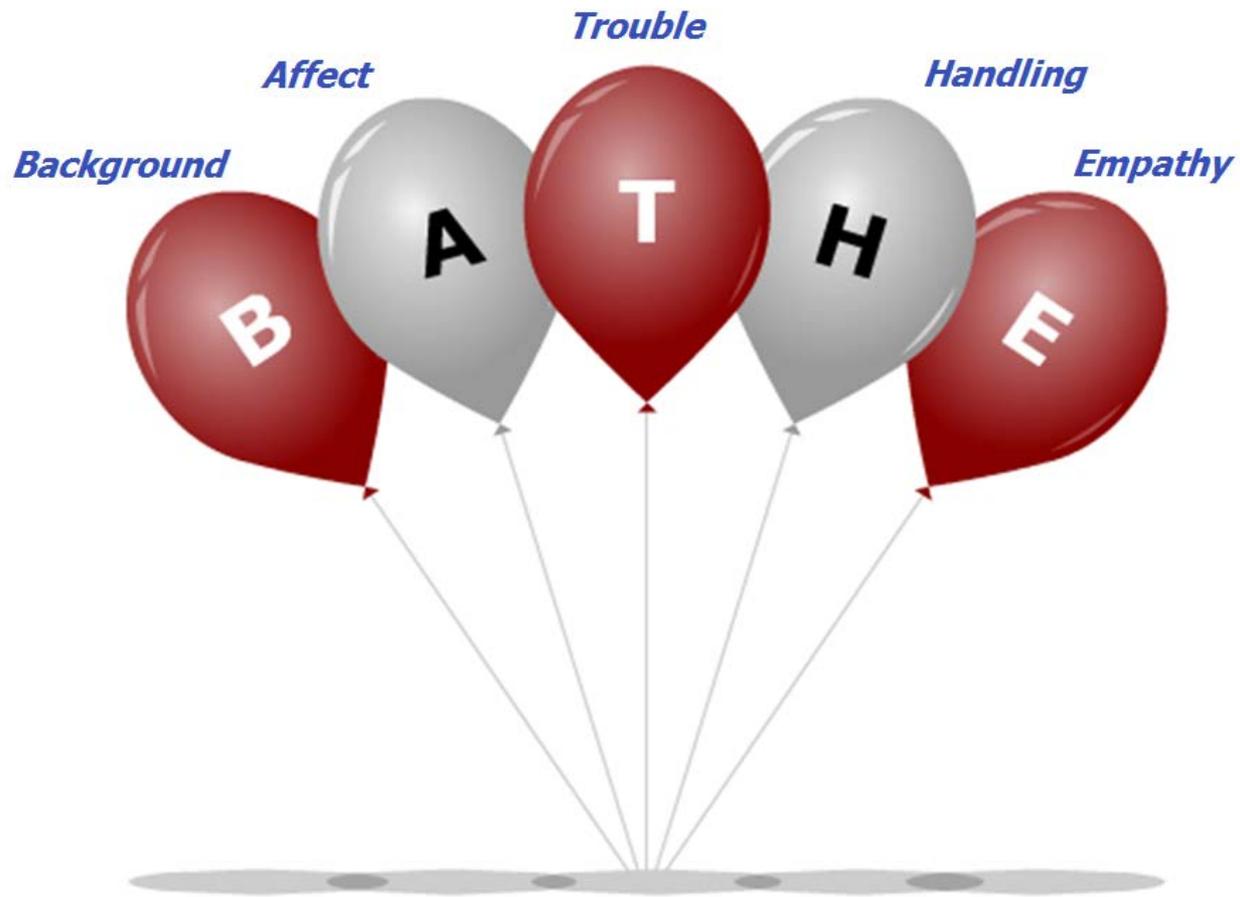
Tools for Effective Nurse-Patient Communication

Transcultural Nursing Assessment Guide

- *LEARN*
- *BATHE*
- *ETHNIC*



BATHE Communication Model



Story From the Front Line: Mrs. Tran

- *Read the story in your handout*
- *Think about advantages of using communication models for you and your patients*
- *Role-play the story*



STORIES FROM THE FRONT LINE

This following example is a reflection from a nurse practitioner.

An 80-year-old Asian American female, Mrs. Tran, with type 2 diabetes and peripheral vascular disease is at her local clinic waiting to be seen by a nurse practitioner for a routine checkup. The patient just returned from visiting her sister who lives on the West Coast. Her sister is a traditional healer who gave her herbal teas and soups to treat her ailments. During her last examination two months ago the patient complained of impaired vision, weight loss, shortness of breath, and increased urinary frequency.

The nurse practitioner enters the room and begins asking the patient about her visit with her sister. The patient tells her that she meditated daily, began using special herbal teas and soups, and didn't take her insulin every day. She says she is feeling better since her last check-up.

The nurse practitioner doesn't seem to understand why the patient stopped taking her insulin and relied on "traditional" therapy. She tells the patient that her diabetes, peripheral vascular disease, and the possible complications of the two conditions are very serious and might require hospitalization. The patient is very upset and refuses to go to the hospital. She sees her illness as part of life and fears she will die if she is admitted to the hospital.

Recap and Reflection

LEARN model can help you effectively listen, explain, acknowledge, recommend, and negotiate health information and instructions

BATHE model can help you elicit the psychosocial context of patients' health experience

ETHNIC model can be effective in identifying patient's explanation of illness, treatment, and traditional treatment practices accepted in the patient's culture

*Take a moment to reflect on what we have covered so far.
What are your most important insights?*

Overview of Language Access Services

- *Language access services (LAS) ensure mutual understanding of illness and treatment, increase patient satisfaction, and improve the quality of health care for limited English proficiency (LEP) patients.*
- *Providing LAS is a legal requirement for health care systems that are recipients of Federal financial assistance.*
- *Speaking different languages in a health care encounter can lead to confusion and has an impact on quality of care, treatment decisions, understanding, and compliance.*

A common spoken language does NOT necessarily ensure cultural understanding

Federal Laws and Recommendations

- *Section 601 of Title VI of the Civil Rights Act (1964)*
- *Executive Order 13166 (2000)*
 - *Improving access to services for persons with limited English proficiency*
- *CLAS Standards (2001) Standard 4: Provider interpreter services at no cost to LEP patients*
 - *Standard 5: Information patients of their rights to receive LAS*
 - *Standard 6 and 7: Ensure competence of interpreters and provide translated materials*

OCR Four Factors

- *The HHS Office of Civil Rights (OCR) Guidance (2003)*
- *Four factors to balance when assessing the obligation to provide LAS:*
 - *Number*
 - *Frequency*
 - *Nature*
 - *Resources*

LAS Models

- *Bilingual Providers*
- *Bilingual Patients*
- *Interpreters*
- *Community Health Workers*

Written (Translated) Materials

- *Examples of written materials:*
 - *Signage in the office*
 - *Applications*
 - *Consent forms*
 - *Medical/treatment instructions*
- *Considerations for creating written materials:*
 - *Audience*
 - *Literacy level*
 - *Culture*
- *Rigorous review process*
- *Creating written materials in the language of the intended audience rather than translating from another language*



Story From the Frontline: Tanaka Kenji

- *Read the story in your handout*
- *Think about negative impacts of language barriers on health outcomes for minority patients*
 - *How could the patient have benefited from an interpreter?*
 - *What could be potential liabilities for not providing LAS to the patient?*
 - *What solutions can you suggest in order to improve this situation?*

 **STORIES FROM THE FRONT LINE**

Below is a nurse's account of a patient who came to the clinic after having gone to the hospital for a chest x-ray. The patient was visibly upset and verbalized how difficult his experience was at the hospital the day before.

Patient: Tanaka Kenji (note that the Japanese culture places one's surname first and personal name second):

- 68-year-old Japanese man
- Immigrant to the United States, speaks and reads little English
- Mr. Tanaka saw his internist and complained of a severe cough, throat pain, tightness in his chest, and fever.
- The internist suspected pneumonia and sent Mr. Tanaka to the hospital outpatient services department for a chest x-ray.

Patient's experience at the hospital:

Tanaka Kenji drove into the hospital campus but could not find a sign to identify the location of outpatient services. He parked in the visitor garage and walked up three flights of steps to the skywalk into the hospital. Once there, he could not find the elevator and walked down three flights to the lobby. Now quite out of breath, he arrived at the registration desk.

The registration clerk provided Mr. Tanaka with forms, in English. It took him more than 20 minutes to complete them as best he could. The clerk told Mr. Tanaka how to get to the x-ray waiting area, but he did not understand much of what she said. He wandered around the hospital, lost, for almost 30 minutes. A technician finally noticed that Mr. Tanaka had passed the same reception area several times and directed him down the hall to x-ray.

The x-ray technician, who did not speak Japanese, explained the procedure to Mr. Tanaka and had no idea whether he understood what she was telling him. When the radiologist determined that Mr. Tanaka had pneumonia, he instructed Mr. Tanaka, in English, both orally and in writing, to see his doctor immediately. Mr. Tanaka left the x-ray department, unsure about how to get back to his car. He knew that he was to see his doctor again but did not understand the radiologist's instruction that he should do so immediately. After walking another 15 minutes, Mr. Tanaka, now exhausted, drove home for a nap.

Reflect and Recap

- *Effective communication between patients and providers is important for building trust and understanding diagnosis, treatment, and follow-up care*
- *Speaking the same language does not ensure cultural understanding*
- *LAS services include interpretation and written materials and signage in languages other than English*
- *CLAS Standards 4 and 5 recommend:*
 - *Providing LAS at no cost to the LEP patients at all points of contact*
 - *Notifying the patients of their right to receive LAS*

*Take a moment to reflect on what we have covered so far.
What are your most important insights?*

Steps for Providing Interpreter Services

Step 1: Make the LEP person aware of the option of using an interpreter

Step 2: Respect the patient's desire to use his or her own interpreter

Step 3: Consider issues of competence, appropriateness, conflicts of interest, and confidentiality in deciding whether to respect the patient's desire to use an interpreter of his/her choice

Step 4: If you determine that a patient's chosen interpreter is not competent or appropriate, you should furnish interpreter services in place of or as a supplement to the patient's interpreter

Step 5: Exercise extra caution when the patient chooses a minor child as an interpreter

Interpreter Qualifications

- *Ability to communicate information accurately in both languages and identify and use the appropriate mode of interpreting*
- *Knowledge in both languages of any specialized medical terms or concepts*
- *Understanding regionalisms or dialects*
- *Understanding confidentiality and impartiality rules*
- *Understanding and adherence to the role of interpreter without shifting into other roles (such as counselor or legal adviser) when such shifts would be inappropriate*

Interpreter Roles

Conduit: Conveying in one language literally what has been said in another language

Clarifier: Explaining what has been said and checking for understanding

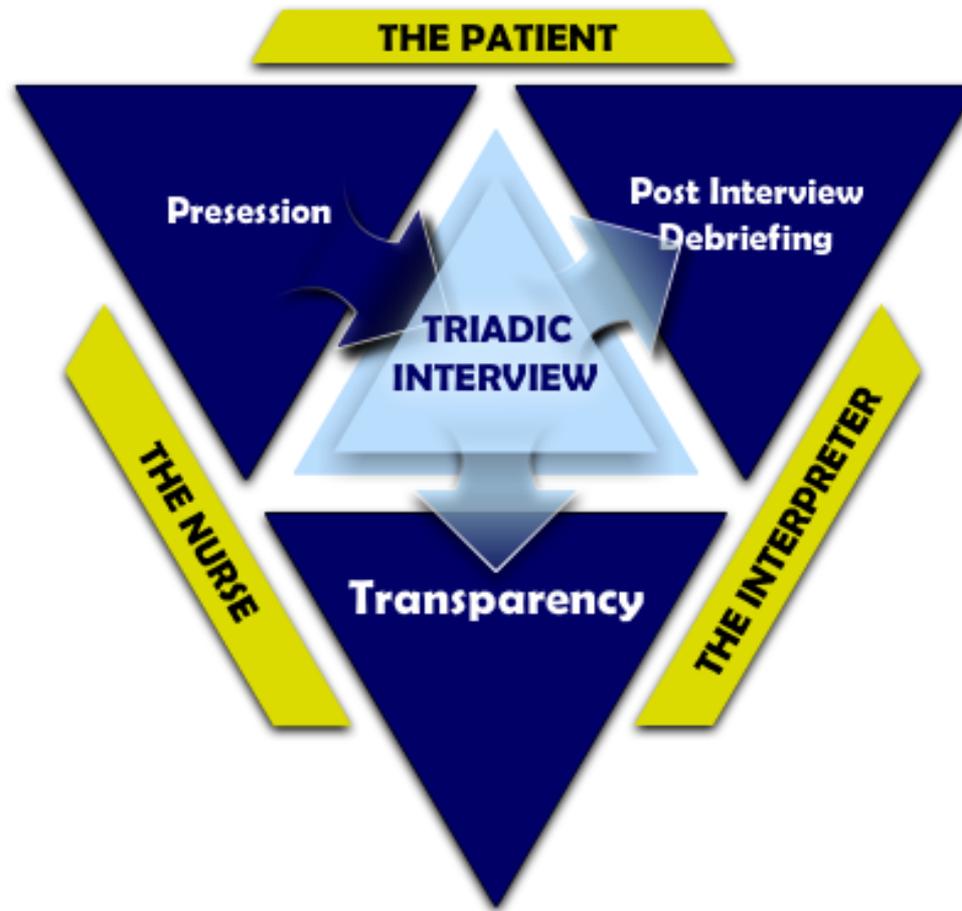
Culture Broker: Providing a necessary cultural framework for understanding the message

Using Children as Interpreters

Using children as interpreters is highly discouraged because of many negative consequences:

- *Role reversal*
- *Editing*
- *Mistakes, due to a lack of understanding medical terminology*
- *Violation of HIPAA*
- *Compromised patient confidentiality*

Triadic Interview



Tips for Working With Interpreters

INTERPRET

- *Introductions*
- *Note Goals*
- *Transparency*
- *Ethics/Autonomy*
- *Respect Beliefs*
- *Patient Focus*
- *Remain in Control*
- *Explain in Short and Simple Sentences*
- *Thanks*

Vida Zahari Case Study

- *Vida Zahari*
 - *Presents at the ER with severe abdominal pain*
 - *Is accompanied by her husband*
 - *Nurse tries to provide language access services for the patient*



Recap and Reflection

- *Interpreters provide a bridge between the patient and the nurse*
- *The most preferred role of the interpreter is a conduit who conveys in one language what was literally said in another*
- *Patients should be strongly discouraged to use children and family members as interpreters*
- *The most shared format for using the interpreter in health care settings is the triadic interview (nurse-patient-interpreter), which includes a pre-session, an interview, and a debriefing*

Take a moment to reflect on what we have covered so far.

What are your most important insights?

Health Literacy Overview

Health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions



- *53% of U.S. adults have intermediate health literacy*
- *Low health literacy increases annual health care expenditures by \$73 billion (1998 health care dollars)*

Assessing Literacy Skills

- *Ask the patient “how happy are you with the way you read?”*
- *Ask a patient to bring all his or her medications to an appointment and name each and explain its purpose and how he or she takes it*
- *Observe whether the patient reads the label to identify the medication or opens the bottles to see which pill is which*
- *Probe the patient with further questions to see if the patient understands the instructions or has memorized them*



Clues for Low Literacy Skills

- *Patient registration forms are incomplete or contain mistakes*
- *The patient missed appointments*
- *The patient does not take medication as directed*
- *The patient says he or she forgot their eyeglasses or wants to discuss the medication with the family*
- *The patient is unable to name medications or explain their purpose*



Communicating With Low Literacy Patients

- *Ask open-ended questions (“what” or “how”) to assess what patients know about their condition or risk*
- *Repeat new information and tie it into what patients already know to increase retention*
- *“Rehearse” new information with patients in order to correct any misconceptions*
- *Help patients alleviate their fears and anxiety related to specific procedures or tests by providing detailed explanations*

SMOG Readable Formula

- *It is recommended that health materials be written at a 5th grade level*
- *SMOG readability formula is a tool for grading the readability of written materials that can test how easy text is to read*
 - *Step 1: Count off 10 consecutive sentences near the beginning, in the middle, and at the end of the text that is being assessed*
 - *Step 2: From this sample of 30 sentences, circle all of the polysyllabic words (words with three or more syllables), including repetitions of the same word*
 - *Step 3: Calculate the square root of the number of polysyllabic words*
 - *Step 4: Add 3 to the square root that you calculated*

Ida Wilson Case Study

- *Ida Wilson*
 - *75-year-old African-American woman with diabetes and additional health problems*
 - *Suffers from confusion*
 - *Nurse tries to determine what medications Mrs. Wilson is taking*



Recap and Reflect

- *Health literacy includes the ability to understand basic health information in order to make appropriate decisions*
- *Low health literacy skills are known to lead to health disparities and increased costs of care*
- *There are several ways to enhance communication with low-literacy patients.*
- *The SMOG formula is one tool that can be used to assess the readability of written documents*

Take a moment to reflect on what we have covered so far.

What are your most important insights?

Types of Translated Materials and Signage

Translated materials:

- *Applications*
- *Consent forms*
- *Billing forms*
- *Treatment instructions*
- *Patient education materials*

What Is the Difference Between Interpretation and Translation?

Interpretation is spoken.

Translation is written.

Signage:

- *Notice of patients' rights*
- *Notice of interpreter services*
- *Availability of conflict and grievance resolution processes*
- *Directions to facility services*

Examples of Translated Materials and Signage

I Speak Card

املأ هذا المربع اذا كنت تقرأ أو تتحدث العربية

Arabic

Խնդրում ենք նշում կատարել այս քառակուսում, եթե խոսում կամ կարդում եք հայերեն:

Armenian



Ambulance Entrance
Ingreso de
Ambulancias



Billing Department
Departamento de
Facturación



Cardiology
Cardiología



Care Staff Area
Área del Personal
de Cuidado

Free Interpreter services are available.
Please ask someone at the front desk.

Вы можете воспользоваться бесплатными услугами переводчика.
Попросите об этом в приемной.

Russian

Tenemos a su disposición servicios de intérpretes gratuitos.
Si está interesado, por favor solicítele ayuda a la recepcionista.

Spanish

Notice of interpreter services

Translator Qualifications

- *Previous education, experience, and training in translation*
- *Command of both English and the language into which the material will be translated*
- *Familiarity with medical terminology*

Steps for Developing Written Materials

- *Determine which languages are most common to your patient population*
- *Identify the literacy level of your patients and their cultural concepts*
- *Make sure that translators have appropriate qualifications*
- *Make sure the documents are written in plain language*
- *Assure the quality of materials by involving community members in the review process to make sure that the materials:*
 - *Meet community needs*
 - *Reflect differences in dialect and culture*
 - *Are appropriate for the community's cultures, education, and literacy levels*

Story From The Frontline: Salvadorian Patient

- *Read the story in your handout*
- *What are potential problems the patient could encounter because she does not understand the medication, its appropriate use, or possible side effects?*
- *How could appropriately translated patient education materials on pregnancy, depression, and medication have helped this situation?*
- *What steps could you suggest to improve this situation?*



STORIES FROM THE FRONT LINE

The following example is a reflection from an ER nurse.

A Latino patient who needed his insulin refilled was waiting in the ER, and he was going to pay the fees associated with an ER visit for the refill. As the ER doctor was seeing the patient, the ER nurse realized the situation, called the pharmacist, and helped the patient get his prescription filled. The patient thought he needed to see the doctor so that the doctor could provide him with the medication.

In this example, a patient with low health literacy was using ER services because he did not understand the process of refilling a prescription. If a nurse had assessed his health literacy earlier in the process and obtained an interpreter, then the patient could have avoided the cost and time spent in the ER. In this case, the ER nurse assessed the problem and helped the patient get the prescription he needed.

Recap and Reflect

- *When developing written materials, identify your target audience, its literacy level, and cultural concepts. It is also important to use qualified translators. Remember that membership in a community group is important but not essential translator qualification.*
- *Including your patient community in developing the materials can help ensure that the materials are accurate and useful and that they accurately reflect patients' cultures and lifestyles.*

*Take a moment to reflect on what we have covered so far.
What are your most important insights?*

Course II Summary

- *Addressing language barriers and health literacy concerns can help reduce negative impact on patient care*
- *Working effectively with an interpreter in a triadic interview process helps to ensure mutual understanding and high-quality health care*
- *Translated written materials should be developed by qualified translators and with assistance from members of the community*
- *Providing LAS is not only good medical practice, but is also a legal requirement for recipients of Federal financial assistance*

Posttest and Certificate

U.S. Department of Health & Human Services www.hhs.gov

Office of Minority Health minorityhealth.hhs.gov

OMH U.S. Department of Health and Human Services Office of Minority Health

Culturally Competent Nursing Care: A Cornerstone of Caring

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Welcome to the DVD Test Center

Welcome to *Culturally Competent Nursing Care: A Cornerstone of Caring* at HHS OMH's Think Cultural Health. Each of the programs featured on Think Cultural Health (TCH) are founded on the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (National CLAS Standards).

In April 2013, the National CLAS Standards were re-released after undergoing a two-year enhancement initiative. This program, along with others featured on TCH, is scheduled to be under annual review for accreditation purposes and will be updated to reflect the National CLAS Standards enhancements.

To assist you during this transition, we recommend that you reference this [crosswalk](#) (PDF - 115 KB) and [fact sheet](#) (PDF - 59 KB) which will assist in understanding the numbering and organization of the re-released National CLAS Standards.

Nurses spend more time in direct patient care than other groups of health professionals and are employed in a variety of settings. Increasingly diverse racial, ethnic, and sociocultural backgrounds of patients, colleagues, and staff may present challenges to you as you strive to provide care. Cultural and language differences may engender misunderstanding, a lack of compliance, or other factors that negatively influence clinical situations and impact patient health outcomes. The Culturally Competent Nursing Modules (CCNMs) were developed to effectively equip you with awareness, knowledge, and skills to better treat your increasingly diverse patient population.

Register today to complete the Course Pretests before your facilitated group session, or log in with your username and password to complete the Course Posttests and Evaluations if you have already attended your session.

Nurses can earn up to 9 continuing nursing education units (CNEs) and social workers can earn up to 9 continuing education units (CEUs).

This continuing education activity is jointly sponsored by Cine-Med, Inc, SRA International, and Astute Technology. Supported through unrestricted monies from the Office of Minority Health at the United States Department of Health and Human Services.

To access the Test Center, please log in or complete the registration form. Once your registration is complete, you will be presented with the accrediting information, instructions, and a status checklist.