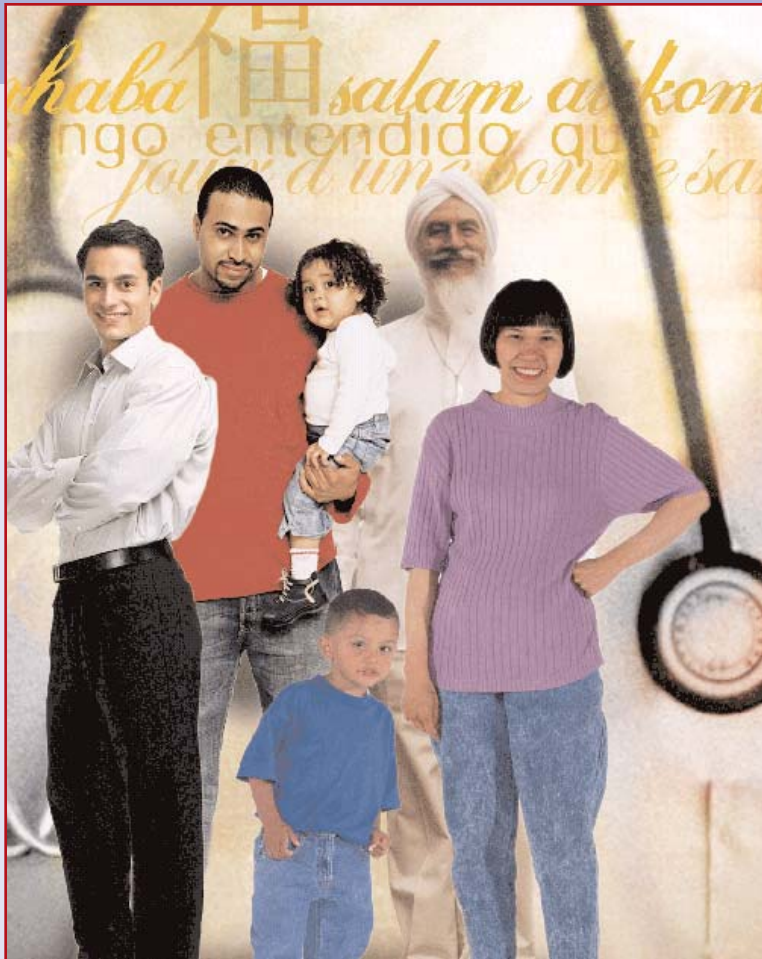


# Addressing Language and Culture



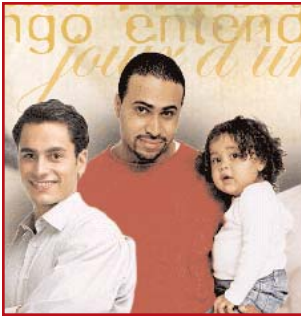
**“The difference  
between the  
almost right word  
and the right word is ...**

**the difference  
between the  
lightning bug  
and the lightning.”**

Mark Twain, 1888 letter

## A Practice Assessment for Health Care Professionals

Sponsored by the California Academy of Family Physicians Foundation  
Supported by an educational grant from The California Endowment



Dear Colleagues:

The California Academy of Family Physicians Foundation's toolkit "Addressing Language Access Issues in Your Practice" has been distributed to more than 10,000 primary care health professionals since its first release in 2004. The response has been gratifying and challenging.

The CAFP Foundation is pleased to release the newest tool to help health care professionals incorporate language and cultural proficiency into their practices. "Addressing Language and Culture: A Practice Assessment for Health Care Professionals" has been developed to answer the needs expressed by you, our colleagues, for more personalized approaches to this important issue.

This publication is a guide, not a mandate, and will assist you in taking steps toward a complete language access system. It is our hope that this assessment tool will assist you, and your practice team, in providing the highest quality care possible to your limited English proficient (LEP) patients.

We welcome your comments and applaud your commitment to ensuring language access for your patients.

Best regards,

#### **Addressing Language Access Curriculum Development Team**

Alice Hm Chen, MD, MPH  
Team Lead  
University of California, San Francisco and  
San Francisco General Hospital

Eric Ramos, MD  
Past President  
California Academy of Family Physicians  
Modesto, California

Sunita Mutha, MD  
University of California, San Francisco

Michael E. Rodriguez, MD, MPH  
University of California, Los Angeles

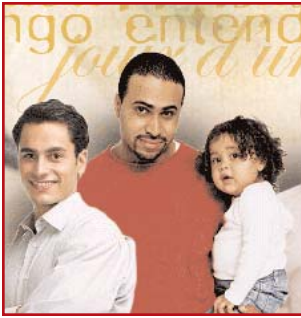
Mark Dressner, MD  
Long Beach Memorial Family Medicine  
Residency Program

Asma Jafri, MD  
Riverside County Regional Medical Center

Shelly B. Rodrigues, CAE  
Executive Director, CAFP Foundation

*Thank you to Cindy Roat, MPH, for her work on the the original toolkit, "Addressing Language Access in Your Practice." This new toolkit incorporates much of the early work. Our appreciation to San Francisco General Hospital Health Education, and SFGH Interpreter Services for work on the translation posters.*

*This resource guide was developed with financial support from The California Endowment under the guidance of Ignatius Bau, JD, Program Officer. We are grateful to The Endowment and to Mr. Bau for their dedicated support of this work.*



## Table of Contents

- 1 The Changing Voice of California**  
Why this is an important issue
- 3 The State of Physician Practice**  
What physicians and patients are saying
- 5 Assessing Your/Your Practice's Skills**  
Self-assessment tools and resources
- Assessing your skills
  - Assessing your staff's skills
  - Training options
  - Additional considerations
- 20 Conclusion**
- 21 Appendices**
- A. Take Charge of Your Medicines  
*Patient education flyer in English, Spanish, Chinese, Vietnamese and Russian*
  - B. Bring Your Medicines  
*Two versions of a sign in English, Chinese, Spanish, Russian and Tagalog*
  - C. Language Identification Cards
  - D. Selecting between Face-to-Face vs Telephone Interpretation
  - E. Selecting the Right Interpreter Model
  - F. Medi-Cal Managed Care and Health Families Interpreters Services and Contact Numbers
- 35 Feedback and Evaluation**
-



## The Changing Voice of California

In 1990, 8.6 million Californians spoke a language other than English at home, and 4.4 million were considered “limited English proficient” (LEP). Ten years later, in 2000, those numbers had increased by 40%, with 12.4 million speaking a language other than English at home and 6.2 million being identified as LEP. Figures released in late 2007 show that one in five people in the US speak a language other than English in the home. In Los Angeles County alone, there are significant communities of people speaking Spanish, Chinese, Tagalog, Korean, Armenian, Vietnamese, Persian, Japanese, Russian, French, Arabic, Cambodian, German, languages of the Pacific Islands, Italian and Hebrew. In the San Francisco Bay Area, only 54% of the population speaks English at home; 18% speak Chinese, and 12% speak Spanish. <sup>1</sup>

California’s growing diversity is one source of its dynamic economy and culture. It also poses a challenge to anyone providing services to this increasingly diverse population. The voice of California is changing; to speak to all Californians, we must change too. <sup>2</sup>

### Why is this an important issue?

As a physician, you lead a busy professional life. In addition to all your office work, you may have to run a business as well. It seems as if you’re always being asked to provide more services for less compensation. It may feel to you that addressing the language access needs of your changing patient population falls into this category. Still, as a physician, it is up to you to provide quality care to each of your patients, and to communicate clearly with each patient who seeks your services. Your patients are depending on you.

---

**“What the scalpel is to the surgeon,  
words are to the clinician ...  
the conversation between doctor  
and the patient is the heart of the  
practice of medicine.”**

*Tumulty P. What is a clinician and what does he do?  
NEJM 1970; 283:20-24*

Communication is the absolute heart of medical practice. Studies have shown that up to 70% of final diagnoses are based on the history alone. Anything that compromises the quality of the communication between patients and physicians represents a threat to the quality of care provided. Clear communication is hard enough, even with English-speaking patients. When the patient does not speak English, communication becomes that much more difficult. In a 2003 study conducted by the California Academy of Family Physicians, almost half the physicians surveyed were personally familiar with incidents in which quality of

care was compromised by language barriers. <sup>3</sup>

In such circumstances, it is not surprising that patients seek (when available) health care practices that allow them to communicate freely with their doctor and his or her staff. As California becomes more ethnically and linguistically diverse, effective communication across languages becomes a real selling point to attract new patients to your practice.

In addition to the impact that language barriers can have on quality of care, there are also financial implications to unclear communication in health care, and legal implications when unaddressed language barriers lead to a poor health outcome or to unequal access to care. When communication is unclear, we often resort to ordering expensive diagnostic tests; these additional costs hurt individual physicians, individual payors, public systems of reimbursement, and the system as a whole. Clear communication can control costs. In addition, federal Civil Rights law and a series of California regulations and contractual agreements require language access in health care. If you are interested in learning more about the research related to quality, legal, and financial implications

---

of language barriers in health care, please go to [www.medicalleadership.org](http://www.medicalleadership.org) for a detailed report.

Physicians and health care professionals around the country are starting to view language access as an issue that must be addressed if medicine is to serve the patient populations of today. In a 2002 national study, seven in 10 of the more than 1,000 physicians surveyed indicated that language barriers represented a top or important priority for the field of health care.<sup>4</sup> A growing number of medical schools and residency programs include training on working with interpreters as part of the standard curriculum.<sup>5</sup> Continuing medical education classes on language access are being taught, onsite and online. In California, State law now requires all continuing medical education includes aspects of cultural and linguistic proficiency in all CME activities, as appropriate.

Luckily, there is expertise as well as a growing number of resources available to assist you in bridging the language gap with your LEP patients. This guide will provide you with both a process for addressing those needs in a systematic way and with links to many useful resources to assist you in making your practice linguistically accessible.

---

1 All data in this paragraph is from the U.S. Census Bureau.

2 For more information on language proficiency and population in the United States, see The Growing Need for Language Services, in A Language Services Action Kit, <http://www.healthlaw.org/pubs/2003.lepactionkit.html>.

3 CAFP's Language Access Survey, February 2003, 297 Family Physicians and Primary Care Physicians.

4 Wirthlin Worldwide 2002 RWJF Survey

5 A few such programs include the Medical Schools at Harvard University, UMDNJ Robert Wood Johnson Medical School, UCLA, Northwestern, University of Nebraska, University of Rochester, University of Washington.

## The State of Physician Practice

A 2003 survey conducted by the California Academy of Family Physicians and a 2006 survey by the American College of Obstetricians and Gynecologists, District IX revealed that physicians are greatly concerned about the impact that language access has on quality of care. More than half of physicians surveyed could provide at least one instance in which quality of care was compromised because of language barriers. Moving beyond the important and oft-quoted risks of malpractice lawsuits and civil rights violations, they described in human terms the impact that lack of language access can have on their patients. At the same time, the surveys reflected a “make-do” attitude. Nearly half of physicians surveyed did not track language preference for their patients, and reliance on the physician’s or staff’s own bilingual skills was the most commonly cited way of handling medical interpretation.

Physicians need more than enhanced awareness of the problem of language access: they need guidance and resources to improve their ability to care for limited English proficient patients. In order to better assess the need for language access assistance, the CAFP Foundation completed a series of practice visits during the summer of 2006. The practices completed a pre-visit survey, and participated in a half-day assessment. Each practice received feedback and recommendations for best practices to incorporate. We are most grateful to those practices, and much of what we learned from them was used to craft this Practice Assessment for you.

### Key Observations and Learnings

Although this list is by no means a final set of learnings, it does give us valid information to assist health care professionals in assessing their own needs and implementing practice plans for their LEP patients.

Physicians and their practice teams genuinely want to do the right thing to take the best possible care of all patients. They are aware of language and cultural issues that need to be addressed, but are also overwhelmed with the day-to-day hassles of practicing medicine in the current environment. Here are some of the key findings from the site visits:

- The practice teams hire staff to match their estimate of the populations they serve.
- Most of the practice teams do not really know their patients’ preferred language for medical encounters.
- The practice teams do not, for the most part, have a formal means of noting [either in paper chart, registry or electronic health record (EHR)] preferred language of their patients.
- Many of the practice teams have bilingual physicians and most have bilingual staff members.
- Only one practice team had trained bilingual staff members. No teams hired outside trained interpreters for patient interventions.
- Although they realize the use of family members or friends as interpreters is probably not the best means of interpretation, all practice teams use them. None use interpreter waivers.
- Most of the practice teams do not have registries or EHR.
- Most of the practice teams did not know about interpreter coverage provided by Medi-Cal Managed Care or Healthy Families.

- Most of the practice teams would like to use the AT&T language lines, or other telephonic services, but most have not made alterations to the exam rooms to make this feasible.
- Most of the practices have signage in a variety of languages; signs are at the very least posted in the front reception areas.
- Many of the practices have signs in the exam rooms as well.
- Most of the practices have at least a minimal number of forms and educational materials translated into at least one language. Translation is a top priority and request for many of the teams.
- Most of the non-physician practice team members are interested in medical interpretation training; they voiced concern about their skill levels and patient understanding.

Based on these site visit findings, we've developed the following practice assessment tool, with corresponding recommendations and resources. Please use the feedback form in this document to let us know how you have used the tool and resources, and what you've done to enhance your ability to serve LEP patients.

The complete Onsite Pilot Project Report and "Addressing Language Access in Your Practice" toolkit can be found at [www.medicaleadership.org](http://www.medicaleadership.org) or [www.familydocs.org](http://www.familydocs.org).

## 2006 Pilot Project Practice Teams

### **Harvest Pediatrics, Napa**

Joseph Carrillo, MD, team leader  
Linda Simas, Office Manager  
Jessica Murillo, Medical Assistant

### **Richmond District Medical Group, San Francisco**

Mei-Ling Fong, MD, team leader  
Joshua Rassen, MD  
Mila Reyes, MA  
Theresa Sarao, MA  
Harriett Anderson-Henrich  
Linda Anker

### **Sierra Springs Family Wellness Center, Pasadena**

Craig Johnson, MD, team leader  
Sheyla Perez, receptionist  
Marisela Fonseca, MA

### **Sutter West Medical Group, Winters**

Carla Kakutani, MD, team leader  
Norma Ramirez, Patient Service Representative  
Karina Gonzalez, MA

### **Margaret Nambier, MD, Hemet (team leader)**

Yvonne Gonzalez, front office  
Mati Rubio, MA  
Kim Divincenzo, back office  
Elia Cardona, optical services

### **Midtown Medical Center, Sacramento**

Elizabeth Cassin, team leader  
Ivan Rarick, MD



## Assessing Your Practice

Every practice is unique. Patients have different language needs and available resources vary. The goal of this tool is to help you assess your practice's language needs, identify existing resources, and develop a plan for improving your practice's language access.

**Try to answer these questions about your practice as a pre-assessment.** There are no right or wrong answers ... just a series of guideposts for your path in addressing language and culture in your practice. Think of this as a diagnosis and treatment algorithm.

Then go to page 6. We have listed the questions again, and after each practice assessment question, we have given information, resources, and practical tips to address that specific topic.

---

**Q1:** What is the most commonly encountered non-English language in your practice?

**A:**

**Q2:** What percentage of your practice's patients speak this language?

**A:**

**Q3:** When a patient who speaks limited English comes to the office for a visit, how does your staff determine whether the patient needs an interpreter?

**A:**

**Q4:** Do you have signage in different languages in your office?

**A:**

**Q5:** How do you communicate when you see a patient who speaks another language?

Do you speak another language? \_\_\_\_\_

Do you have bilingual staff members? \_\_\_\_\_

Do you use telephonic or video services? \_\_\_\_\_

**Q6:** Do you have access to trained interpreters?

**A:**

**Q7:** Do you use family members and friends as interpreters?

**A:**

**Q8:** Does your office have health education materials in other languages?

**A:**





## Assessing Your Practice

Now that you have spent a bit of time thinking about language services in your office, delve more deeply into the questions, answers and resources we have provided.

This practice assessment tool is based on your feedback and our series of practice visits. It focuses on the most commonly encountered language in your practice, but if you have more than one prevalent language, you may want to go through the same questions for each of these languages.

---

### **Q1: What is the most commonly encountered non-English language in your practice?**

Most practices will have one predominant language, which simplifies the steps you can take to make your practice more accessible to your limited English patients. Practices that have multiple prevalent languages will need to approach language access a bit differently.

If you are not sure about the most common language in your practice, here are some suggestions for gathering this information:

- Ask your front office staff. They will likely have a very good sense of the language(s) spoken by your patients, as they serve as the first line of communication with patients and their families.
- Review a week's worth of patients. Take a look at the records/charts of all the patients you've seen during the week. Can you make an estimate based on your notes, interactions and chart reflections? Is language or interpreter use included in the chart or record?
- Have a providers' meeting. Because you do not see and treat patients in a vacuum, your practice team will be helpful in determining the prevailing languages among your patients. Consider holding a team meeting, with all providers and staff members present, to discuss the issues of language and language services.

### **Q2: What percentage of your practice's patients speak this language?**

If only 5% of your patients are LEP, your solutions may be different than those for a practice with 25% LEP. If you don't know the percentages in your practice, there are some web-based resources that can give you quick demographic estimates, including language spoken, of the geographical area that your practice serves. The 2000 U.S. Census has given us the opportunity to get this information with relative ease.

- American Factfinder is a web-based program that gives you immediate access to data from the 2000 census. This site gives language demographics down to the census tract level. Go to [www.census.gov](http://www.census.gov) and enter your city and state into the Population Finder. On the left hand navigation bar on the Population Page, you can click on People, then Origins and Language to pull several demographic

---

reports. Scroll down to find the county and/or census tract in which you are interested. This chart will tell you the number of people who speak English less than “very well,” which can be taken as one measure of limited English proficiency.

While this chart does not list the individual languages in as much detail as you might like, another chart does. On the same American Factfinder website, go to Summary File 3, Table PCT10. This table lists languages spoken at home by individuals 5+-years-old, by state.

■ The Modern Languages Association has a language map based on data from the 2000 U.S. Census that allows you to search for 30 different languages by state, county, city, and even zip code. Using the map is a bit cumbersome, because you have to search by each language separately, but it does give you a graphic view of where particular language populations are located. Again, not all of these people are necessarily LEP, but this map gives you an idea of the ethnic communities in your catchment area. [www.mla.org](http://www.mla.org).

### **Q3: When a patient who speaks limited English comes to the office for a visit, how does your staff determine whether the patient needs an interpreter?**

If you don’t have a standardized way of assessing whether Mrs. Garcia or Mr. Chen needs language assistance when they come to their appointment, we have some tips on asking about and tracking language preference, as well as samples of “I Speak” posters that you can use.

#### **Asking about Language Preference**

How you ask a patient about his or her language will affect the response you get.

Poor: *“You (or the patient) won’t need an interpreter, will you?”*



Asking the question this way discourages the patient, or the person who is making the appointment, from asking for the language assistance that he or she may need.

Basic: *“What language do you (or the patient) speak at home?”*



This question will get you information about the patient’s home language, but ignores the possibility that the patient may be bilingual in English as well.

Better: *“Do you need an interpreter for your visit? In what language?”*



This question may generate information on the need for an interpreter. On the other hand, many patients may reply in the negative, believing that they have to either bring their own interpreter or have a family member interpret. As a result, you will not get an accurate record of how many limited English proficient patients you are treating and from what language groups.

Best: *“In what language do you (or the person for whom you are making the appointment) prefer to receive your health care?”*

Asking the question this way will provide you information on the language the patient feels he or she needs to speak in a health-related conversation. If the answer is a language other than English, you can plan to have language assistance available for the patient, and you can add this information to the patient’s record.

## Tracking Language Preference

Once you know whether the patient needs an interpreter, and what language interpreter he or she needs, it's important to record the information for future reference. How you record this information will help you decide what you can do with it, and help you with recordkeeping for reimbursement/payment.

Basic:	<i>Add a color or letter code to the patient's chart.</i> Note that he or she needs an interpreter. Designate a code or color for each language.
Better:	<i>Add the information under "Notes" in a patient's entry.</i> Add the note in your patient registry or database, so that when a receptionist pulls the patient's record to make an appointment, the information about the need for an interpreter and the language is noted as well.
Best:	<i>Add a question on your patient registration form or in your EHR.</i> Not only will you know when a patient is scheduled that he or she will need an interpreter, you will also be able to track how many patients you have who speak a particular language and how often they are seen. Specifying a data field for a language code requires knowledge of software management and may need to be done by a professional. This is essential to advocate for better services and higher reimbursement from insurance and managed care companies.

## Examples of Language Codes

AM: Amharic  
AN: Armenian  
AR: Arabic  
AS: American Sign Language  
CA: Cantonese  
CJ: Chou Jou  
CM: Cambodian  
FA: Farsi  
FR: French  
HI: Hindi  
HM: Hmong  
HT: Haitian Creole  
KR: Korean  
LA: Lao  
MI: Mien  
MN: Mandarin  
PT: Portuguese  
RS: Russian  
SC: Serbo-croatian  
SO: Somali  
SP: Spanish  
TA: Taiwanese  
TG: Tagalog  
TI: Tigrigna  
UK: Ukrainian  
UR: Urdu  
VT: Vietnamese

As you start tracking patient language needs, you'll get a better idea of exactly whom you are serving and what sort of resources you'll need to establish an effective language access program.

## Language Identification Posters

If the patient shows up at your office and you cannot identify what language he or she speaks, a "language identification poster" can be helpful. Most telephonic interpreting companies will provide "I Speak" posters free of charge as part of their services. We have included samples of them in Appendix C.

- The Federal government has an "I Speak" document that was used by the U.S. Census Bureau. It has the following message in 38 languages: *Mark this box if you read or speak [language].*  
[www.usdoj.gov/crt/cor/Pubs/ISpeakCards.pdf](http://www.usdoj.gov/crt/cor/Pubs/ISpeakCards.pdf)
- The Massachusetts Department of Public Health has "I Speak" sheets available on its Web site. This sheet contains this message in 31 languages: *You have a right to a medical interpreter at no cost to you. Please point to your language. A medical interpreter will be called. Please wait.*  
[www.state.ma.us/dph/omh/interp/interpreter.htm](http://www.state.ma.us/dph/omh/interp/interpreter.htm)
- The Florida Agency for Workforce Innovation has a flyer in 21 languages that reads: *Attention. If you do not speak English, or if you are deaf, hard of hearing, or sight impaired, you can have interpretive*

and translation services provided at no charge. Please ask for assistance.  
[www.floridajobs.org/PDG/PostersforEmployers/IS%20Poster%2011x17.pdf](http://www.floridajobs.org/PDG/PostersforEmployers/IS%20Poster%2011x17.pdf)

## Q4: Does your office have signage and forms in Non-English languages?

Posting signs and providing forms in the most common non-English language(s) of your practice is a simple way to make your practice more welcoming to limited English speakers. We've provided a sample of common signage terms in five common languages.

The Institute for Healthcare Advancement has translated low-literacy advanced directives into Spanish and Chinese, which are available at:

- English version: [www.iha4health.org/html/advance%20directive%20english.pdf](http://www.iha4health.org/html/advance%20directive%20english.pdf)
- Spanish version: [www.iha4health.org/html/advance%20directive%20spanish.pdf](http://www.iha4health.org/html/advance%20directive%20spanish.pdf)
- Chinese version: [www.iha4health.org/html/Advance Healthcare Directive-Chinese.pdf](http://www.iha4health.org/html/Advance%20Healthcare%20Directive-Chinese.pdf)

Term	Spanish	Chinese	Tagalog	Vietnamese	Russian
Welcome	Bienvenido	請進	Mabuhay	Lối vào	Добро пожаловать!
Bathroom	Baño	廁所	Kubeta	Cầu tiêu	Туалет
Please be seated	Por favor siéntese	請坐	Maupo po kayo	Xin mời ngồi	Садитесь, пожалуйста!
Please bring your medication bottles with you to every visit	Por favor traiga sus botes de medicina con usted cada visita	每次見醫生，請帶齊藥瓶	Pakidala po ang mga botelyaa ng gamot ninyo sa tuwing kayo ay magpapatingin sa doktor	Mỗi lần gặp bác sĩ xin nhớ đem theo những lọ thuốc của quý vị	Пожалуйста, приносите бутылочки с Вашими лекарствами каждый раз, когда приходите к врачу на приём.
Exit	Salida	出口	Salida	Lối ra	Выход

*This translation was provided by the San Francisco General Hospital Interpreter Services office.*

---

## Q5: How do you communicate when you see a patient who speaks another language?

Whatever you have in place for interpreting, we have some suggestions for assessing the adequacy and quality of these resources.

### Do You Speak a Language Other Than English?

#### Assessing Your Own Bilingual Skills

Do you speak another language well enough to conduct an effective medical interview with a patient? If so, you may be your own best language resource. Using your own bilingual skills means that all communication, both oral and written, is done in the language of the patient. No interpreters are necessary, and the doctor-patient relationship can be developed more easily. The main concern is whether you are truly bilingual. If you are only semi-fluent in the patient's language, the potential for serious error is great.

**Medical interviewing is a difficult task in any language. It includes a number of key skills:**

- Formulating questions easily and effectively.
- Asking a question in a different way if it was not understood.
- Understanding the response. This may mean understanding nuance and connotation, as well as understanding colloquial references to anatomy and bodily functions.
- Understanding regional variations in the language.
- Knowing terminology for anatomy and health care concepts.
- Negotiating and agreeing upon a course of action.
- Inspiring trust by communicating your competence.

You know how to do these things in English. Can you do them in the patient's language? How do you judge, exactly, whether your language skills are good enough to understand and to be understood? It can be helpful to reflect on where you learned the language, and what you will be discussing during the visit.

#### *Where did you learn the language?*

The longer you have lived and functioned in a community in which the patient's language is spoken, the better the chance that your language skills are up to the challenge. The more you have learned the language only at home or only at school, the more you should be concerned about assessing your skills before interviewing patients because your vocabulary may not include medical terminology, for example "appendectomy" in Spanish or "ultrasound" in Mandarin.

Even if you have lived and functioned in a non-English-dominant community, or if you have studied a language formally, you may still need to learn additional medical and health-related terminology.

#### *What are you going to be discussing during this visit?*

Are you calling about a normal lab result? Or are you telling someone that her tumor is malignant and non-treatable? Are you setting a broken leg or treating male impotence? The more delicate the nature of the interaction, the better your language skills will need to be.

---

### ***Testing Your Language Skills***

It can be helpful to have an objective assessment of your language skills, both to alert you to areas where you may want to call in an interpreter, and to highlight areas for improvement. You can do an informal assessment of your skills with the assistance of a colleague who is fluent in the language you are trying to assess. There are many ways to do this. Here's one to try:

---

**For this assessment, you need the help of a fluent (preferably native) speaker of the language of which you wish to test your command.** Ask this person to listen as you talk about some of your patients, and to note down the number of times you make errors that would lead to misunderstandings or express yourself in a way that would undermine a patient's trust in you. Then describe to this individual the last five cases that you attended that day. Include the patient's demographics, history, and symptoms, your diagnosis and treatment plan, and how you expect the patient to respond. As you speak, notice how often you are stuck on vocabulary, or working around ideas that you don't know how to express.

When you are done, listen to your listener's feedback and consider your own evaluation of your skill level. Based on this assessment you may conclude that you are doing fine, that you simply need to study some terminology, or that your skills are too rudimentary for accurate communication in a medical setting.

After testing your skills, you may decide to use an interpreter, or at least have a fluent bilingual present with orders to intervene if you misunderstand or misspeak. Regardless, feel free to use your language skills to greet patients and conduct some small talk. Most patients will greatly appreciate any attempt to speak their language, even if it merges quickly into the medical interview conducted through an interpreter.

---

### **Do You Have Staff Who are Bilingual?**

#### **Assessing Your Staff's Bilingual Skills**

Given that most offices do not have the volume of LEP patients to justify hiring staff or contract professional interpreters practicing physicians often rely on bilingual staff for medical interpreting. With a bit of forethought and planning, you can optimize this important office resource.

If you have one or two predominant languages in your practice, bilingual staff can be critical to the office functioning smoothly. Not only can they communicate directly with your patients, but with some training, they can serve as your interpreter during the patient-physician visit.

Here are some suggestions for optimizing the role of bilingual staff in your office:

- When you are hiring a new staff member, think about your practice's language needs, and consider hiring someone bilingual.
  - Consider including bilingual fluency as a desired or required quality for the position, and placing your ads in ethnic papers.
  - During the interview process, ask about language fluency and use, including how the person has used his or her language skills in previous positions.
  - Consider asking your final candidates for the position to undergo formal assessment of their language skills.
-

- 
- Finally, if you anticipate that your bilingual staff member will be spending significant amounts of time interpreting for medical encounters, strongly consider sending him or her to a basic training on medical interpreting.

### ***Testing your staff's language skills***

If you will be depending on your staff members' language skills, consider asking them to undergo a formal assessment. Here are some possible resources for such testing:

- Language Testing International (LTI) is the official testing arm of the American Council on the Teaching of Foreign Languages. It provides basic language proficiency testing in 48 languages, based on an over-the-phone guided conversation with a trained evaluator who will use clearly elucidated criteria to assign a proficiency level (novice, intermediate, advanced, master) to the candidate. LTI's tests evaluate general language use and are not specific to medical settings. For information go to [www.languagetesting.com](http://www.languagetesting.com).
- Language Line Services (LLS) provides language proficiency testing over the phone, including a test specialized for health care settings. LLS tests vocabulary, grammar and syntax in more than 150 languages. For more information, call (877) 351-6636, email [LLU@languageline.com](mailto:LLU@languageline.com) or [www.languagelineservices.com/prod\\_serv\\_llu\\_tests.php](http://www.languagelineservices.com/prod_serv_llu_tests.php).
- If one of your current staff members is fully fluent in the language being tested, ask him or her to have a conversation with the prospective staff member as an informal assessment.

### ***Interpreter training for bilingual staff***

If your staff member will be spending a significant amount of time interpreting for medical encounters, it is best if he or she undergoes basic training on how to be an effective medical interpreter. There are a number of trainings currently available throughout the state of California.

- Cross Cultural Health Care Program: [www.xculture.org/index.cfm](http://www.xculture.org/index.cfm)
- LA Care: [www.lacare.org/opencms/opencms/en/providers/education/index.html](http://www.lacare.org/opencms/opencms/en/providers/education/index.html)
- Connecting Worlds: Training for Health Care Interpreters [www.calendow.org/reference/publications/pdf/cultural/Connecting%20Worlds/ParticipantWorkbook.pdf](http://www.calendow.org/reference/publications/pdf/cultural/Connecting%20Worlds/ParticipantWorkbook.pdf)
- California Standards for Healthcare Interpreters: [www.calendow.org/reference/publications/pdf/cultural/TCE0701-2002\\_California\\_Sta.pdf](http://www.calendow.org/reference/publications/pdf/cultural/TCE0701-2002_California_Sta.pdf)

### ***Additional considerations***

While bilingual staff can be critical to ensuring language access for your LEP patients, you should be aware that there may be some drawbacks to relying heavily on bilingual staff:

- The disruption it causes to office flow when, for example, the bilingual MA is interpreting instead of processing patients, and the potential for staff conflict if this employee is perceived to not be fulfilling his or her primary job responsibility;
- The hidden costs inherent in this employee's lower productivity; and,
- The possibility that certain bilingual staff members will not have the linguistic competence, the education or the capacity to be a qualified interpreter.

---

## Q6: Do you have access to trained interpreters?

Professional medical interpreters are considered the “gold standard” for communication with LEP patients. Fully bilingual in English and at least one other language, they typically have training in medical terminology and medical concepts, in managing a three-way conversation, and in the ethics of medical interpreting (issues of confidentiality, transparency, accuracy, etc.).

### Working with a Trained Medical Interpreter

If you are working with a trained medical interpreter, these tips may make the encounter go more smoothly:

- If you have the opportunity, give the interpreter a quick preview of your patient and what you anticipate will be covered during the visit.
- During the medical interview, speak directly to the patient, not to the interpreter: “Tell me why you came in today” instead of “Ask her why she came in today.”
- A professional interpreter will use the first person in interpreting, reflecting exactly what the patient said: e.g. “My stomach hurts” instead of “She says her stomach hurts.” This allows you to hear the patient’s “voice” most accurately and deal with the patient directly.
- Speak at an even pace in relatively short segments; pause often to allow the interpreter to interpret. You don’t need to speak too slowly; this actually makes a competent interpreter’s job more difficult.
- Don’t say anything you don’t want interpreted; it is the interpreter’s job to interpret everything.
- If you must address the interpreter about an issue of communication or culture, let the patient know first what you are going to be discussing with the interpreter.
- Speak in: Standard English (avoid slang)
  - Layman’s terms (avoid medical terminology and jargon)
  - Straightforward sentence structure
  - Complete sentences and ideas

---

**Ask only ONE  
question at a time.**

---

- Ask the interpreter to point out potential cultural misunderstandings that may arise. Respect an interpreter’s judgment that a particular question is culturally inappropriate and either rephrase the question or ask the interpreter’s help in eliciting the information in a more appropriate way.
- Do not hold the interpreter responsible for what the patient says or doesn’t say. The interpreter is the medium, not the source, of the message.
- Avoid interrupting the interpretation. Many concepts you express have no linguistic, or conceptual equivalent in other languages. The interpreter may have to paint word pictures of many terms you use. This may take longer than your original speech.
- Don’t make assumptions about the patient’s education level. An inability to speak English does not necessarily indicate a lack of education.
- Acknowledge the interpreter as a professional in communication. Respect his or her role.



---

### ***Finding a trained medical interpreter***

Physicians in California should know that all Medi-Cal managed care plans are required to provide interpreting services for their enrollees when they go to see the doctor.

The California Endowment's Medical Leadership Council on Cultural Proficiency has launched a Web site, open to the public, that includes an Interpreter Resources database. This county-by-county database lists many interpreter resources with information on each. While these services are not endorsed, they have been vetted for accuracy and are updated regularly; go to [www.medicalleadership.org](http://www.medicalleadership.org).

The California Endowment has also published a booklet detailing the information on interpreter service availability and payment. "Interpreter Services Available from Medi-Cal Managed Care and Healthy Families Plans" can be found at [www.calendow.org](http://www.calendow.org). We've included the list of health plans with their contact information for face-to-face interpreters and telephone interpreters in Appendix F.

### **Telephonic Medical Interpreters**

You can work with professional medical interpreters either in person or "remotely," meaning that the interpreter is not physically in the room. Telephone interpreters are by far the most common type of remote interpreter used in health care.

All practices should probably have a contract with a telephonic interpreting agency. Even if the service is rarely used, it can be, literally, a lifesaver.

Telephone interpreters are easier and quicker to access, but are unable to assist with nonverbal communication, and can be difficult (or impossible) to use with patients who are hard of hearing. Appendix D provides a side-by-side comparison of when telephone interpreting or in-person interpreting is most appropriate.

### ***Working with a telephonic interpreter***

When working with an interpreter over a speakerphone or with dual head/handsets, many of the same principles discussed above apply. The only additional thing to remember is that the interpreter is "blind" to the visual cues in the room. The following will help the interpreter do a better job.

- When the interpreter comes onto the line let the interpreter know the following:
  - Who you are
  - Who else is in the room
  - What sort of office practice this is
  - What sort of appointment this is
- For example, "Hello interpreter, this is Dr. Jameson. I have Mrs. Dominguez and her adult daughter here for Mrs. Dominguez' annual exam."
- Give the interpreter the opportunity to quickly introduce him/herself to the patient.
- If you point to a chart, a drawing, a body part or a piece of equipment, verbalize what you are pointing to as you do it.

### ***When to use the telephone***

When choosing between a telephonic and an on-site interpreter, cost should be a consideration. Since contracted onsite interpreters are usually paid by the hour and telephonic services charged by the minute, telephonic interpreting is often cheaper for short encounters but much more expensive for longer ones. For example, if you pay \$40/hour for an onsite interpreter and \$2.50 per minute for a telephonic interpreter, it would be less expensive to pay a telephonic service for any encounter less than 16 minutes.

---

## ***Equipping your office***

Telephonic interpreting is only as good as the technology used to provide it. Using a regular telephone and passing the handset between patient and physician will result in substandard communication, as it forces the interpreter into the role of mediator and almost always results in significant omissions. High quality speakerphones are a much better option, especially in quiet environments such as a closed exam room. For noisy environments such as the emergency department, or for quasi-public environments such as a business office, the use of a phone with dual-handsets or dual headsets will provide clear communication and protect confidentiality.

Here are some options for equipping your office with appropriate phones. To choose which is best for you, consider how often you see LEP patients, how often you'll need to access a telephonic interpreter, and how private the setting is where the interpreting will take place.

---

### **■ Speakerphones**

Install speakerphones in every exam room or install phone jacks in every exam room and purchase one speakerphone that can be plugged easily into any room when needed.

Another option is to purchase one cordless phone with speakerphone capacity. The base of the phone will stay at a nursing station, while the handset can be taken into any exam room and set to "speaker" for the interpretation. *Cost: \$90-\$125 to purchase commercially. Some telephonic companies will lease such a phone for less than \$15/month per unit.\**

In addition to a cordless phone with speakerphone option, you may check to see if your cell phone has a speakerphone option or attachment. While not a perfect solution, this might be a convenient option.

You may also elect to dedicate one exam room for speakerphone capability. This would require pre-appointment identification of an LEP patient, allowing your staff to place the patient in the speakerphone room, and have the service ready.

Speakerphones let everyone in the room, including family and friends, hear the conversation, just as they would if English were being spoken. They also free up your hands to make notes, to look something up in the chart, or to do a physical exam. On the other hand, speakerphones are not appropriate in a public area, such as reception, where the loud speaker will compromise the patient's right to privacy under HIPAA.

### **■ Dual handsets**

Install a regular phone in every exam room, with a "splitter" that allows you to plug in two handsets to the phone. If you don't want to install a phone in every exam room, install phone jacks and have one phone available that can be brought in and plugged in when needed. *Cost: Less than \$20 for a handset, cable and splitter to retrofit an existing telephone.\**

Dual handsets can be very convenient and, unlike speakerphones, can assure confidentiality in an open area or in an exam room with thin walls. On the other hand, they tether you to the telephone base and can be awkward if you have family members accompanying the patient, as they will be unable to

hear the interpretation.

For a small monthly fee, some telephonic interpreting companies will lease a special telephone with two handsets, one for you and one for the patient. In some cases, the telephone links you directly with that company's interpreters; in others, a "speed dial" option can be programmed to reach the interpreting agency directly. *Cost: Less than \$5/month per unit.\**

### **■ Headsets**

Another option is to purchase dual headsets for your phones, so that the interpreter's voice cannot be heard in neighboring exam rooms or public spaces. Again, using a splitter, or through the rental of special equipment through the telephonic interpreting company, headsets can be added to almost any regular telephone. *Cost: Less than \$10/month per unit for the rental of a headset retrofit package.\**

Wireless headsets can also be used. This is particularly useful for physicians who need to communicate with patients while performing a procedure. *Cost: Approximately \$350-400 for purchase of a wireless headset and base.\**

*\* Costs listed here are estimates and may change at any time.*

---

## Q7: Do you use family members and friends as interpreters?

There are times when your only option is to use an untrained interpreter, typically a patient's family member or friend. *We strongly discourage the use of minor children*, and urge you consider issues of confidentiality and appropriateness when choosing to use a family member or friend in certain medically sensitive encounters, for example:

- 
- **Domestic violence:** Be attuned to the possibility of domestic violence, particularly when a husband insists on interpreting for his wife. Obviously using a batterer as the interpreter makes it unlikely that you will obtain an accurate history.
  - **Health-related behaviors:** Asking about sexual activity, history of STIs, past or ongoing alcohol and drug use is sensitive for all patients, regardless of language or the need for interpretation. You may want to think twice before asking these questions if a family member or friend is serving as your interpreter. If the question is critical to the patient's presentation, the answer you receive may not be accurate, depending on who the interpreter is.
  - **Mental health:** Depression and other mental illness is often stigmatized, which can create a barrier to the patient engaging in care when a family member or friend is present as the interpreter.
  - **Major diagnoses:** When you are discussing a major diagnosis, particularly cancer, think twice before asking a family member to interpret. An effective interpreter is one who focuses on conveying information between the patient and the physician, not someone who is emotionally or personally involved, and who will have many questions of his or her own to ask about the diagnosis and treatment.
- 

Working with untrained interpreters entails much more work for you, but here are some tips that can help. The same principles of working with trained interpreters apply, but are even more important with untrained interpreters, especially interpreters whose own English (in the case of family members or friends) or non-English language skills (in the case of patients' grown children who grew up in the US) may not be very good. In addition, untrained interpreters will need more guidance to make the encounter go smoothly.

- After introducing yourself to the patient, introduce yourself to the interpreter. Gauge the interpreter's level of English skills and professional training, and remind the interpreter that you expect everything to be interpreted accurately and completely. Direct the interpreter to avoid paraphrasing or answering for the patient, and to let you know if you need to repeat yourself, explain something or slow down.
- Introduce the interpreter to the patient (if they do not know one another) and explain the interpreter's role. Ask the patient to speak to you directly.
- Position the interpreter next to and a bit behind the patient. By getting the interpreter out of the line of sight, there is a greater possibility that you can engage the patient instead of having the patient talk to the interpreter. Sign language interpreters should be positioned next to the physician, so that the patient can see the interpreter's hands.

### Use the "Teach Back" Method

Check in frequently with the patient by using the "teach back" method:

1. "Please tell me everything I just told you."
2. Speak simply, pausing between sentences. Remember to speak to the patient, not the interpreter.
3. Be prepared to interrupt if you sense the interpreter is getting sidetracked or is not being complete.

- If you are concerned that the interpreter has not interpreted everything, ask the interpreter to do so.
- If the interpreter and the patient get into a conversation that is not interpreted for you, interrupt and ask the interpreter to let you know everything that is being said.

## Q8: Does your office have health education materials in other languages?

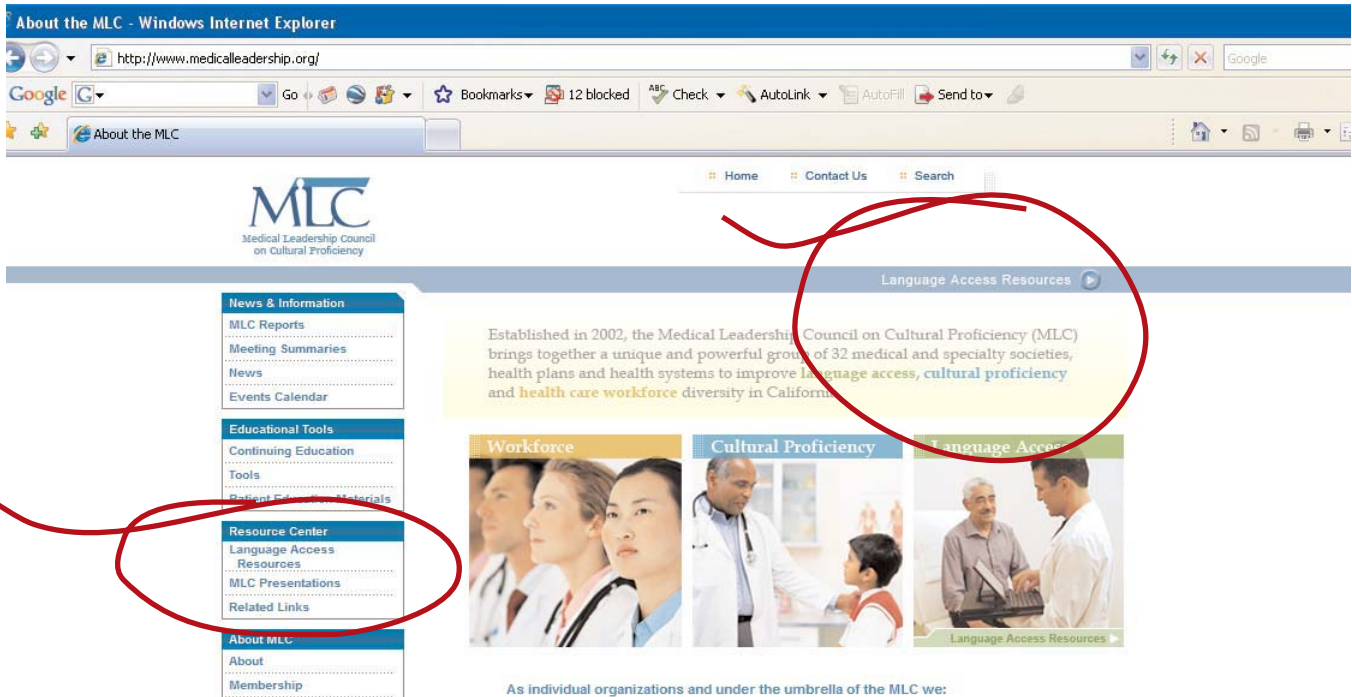
Providing health education materials to your non-English-speaking patients in their preferred language can enhance adherence and patient engagement. Fortunately, there are a growing number of web-based resources that provide translated health education materials in a variety of languages. At the same time, the quality of the translation, including literacy level and cultural appropriateness, may be difficult to ascertain. You may want someone you trust to review any materials before making them widely available to your patients.

### ■ *Healthy Roads Media, Fargo, North Dakota*

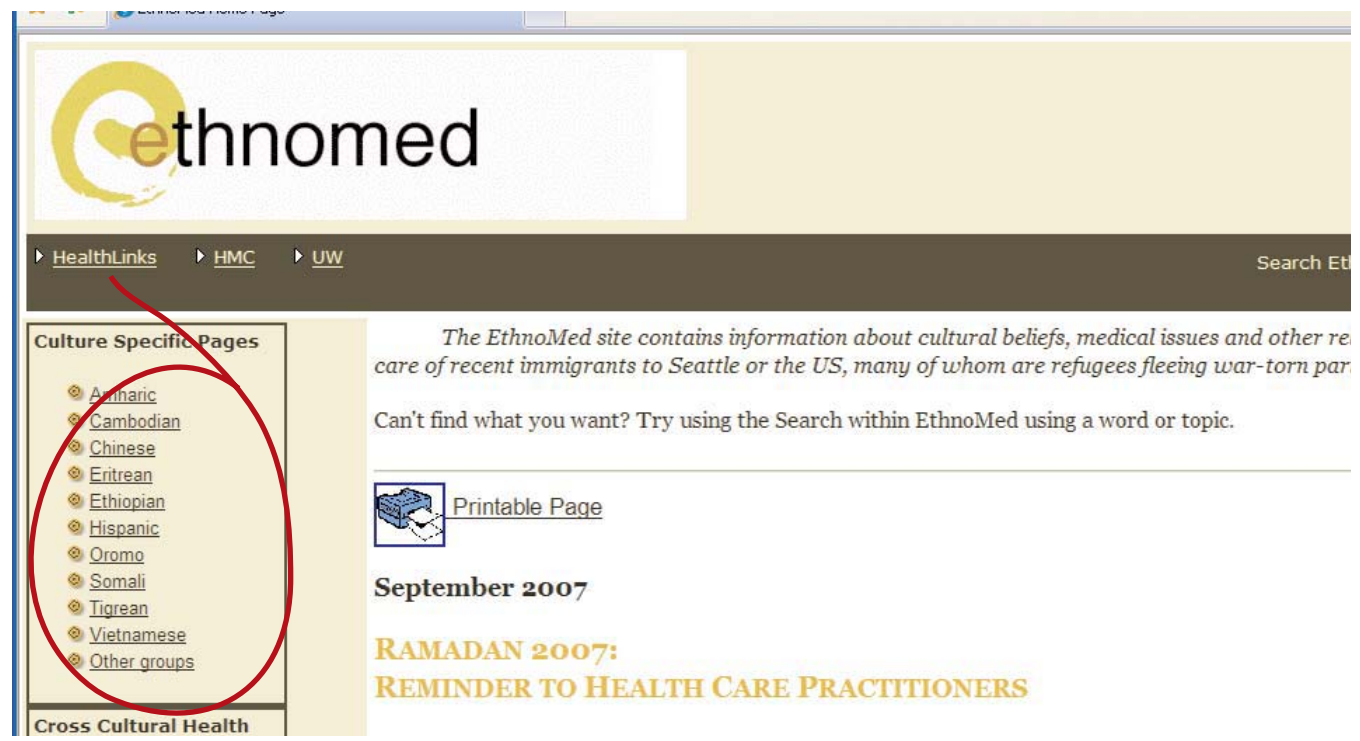
Health education materials on a variety of topics tailored to low literacy and limited English proficiency populations. Materials are available in audio, multimedia and written formats. Topics include domestic violence, dental health, diabetes, asthma, cold and flu, hepatitis B vaccination, and smoking cessation. Languages include Arabic, Bosnian, English, Russian, Somali, Spanish and Vietnamese. This Web site also includes a page of useful links. [www.healthyroadsmedia.org](http://www.healthyroadsmedia.org)

The screenshot shows the Healthy Roads Media website interface. At the top, there is a language selection bar with options for English, Español Spanish, tie'ng Viet Vietnamese, አማርኛ Amharic, العربية العربية Arabic, Soomaali Somali, Tagalog, and فارسی Farsi. Below this, there are more language options: Bosanski Bosnian, Русский Russian, Hmong, ខ្មែរ Khmer, 코리아 Korean, Liberian English, Français French, and کوردی Kurdish. The main content area features a navigation menu on the left with links for Home, What's new?, Project Partners, and Formats. Under Formats, 'Handouts', 'Audio', 'Multimedia', and 'Web Video' are listed, with 'Handouts', 'Audio', and 'Multimedia' circled in red. The main content area includes a 'Welcome to Healthy Roads Media' message, a 'New Materials!' announcement, and sections for 'Our Goals', 'Our Materials', and 'The Formats'. The 'Our Materials' section states: 'There are many contributors to Healthy Roads Media. Our text is always from reliable sources and the information is reviewed regularly by our partners provide both English and non-English text. We only accept translated materials that have been created through a quality process. If Healthy Roads Media does the translation, then the work is carried out by certified translators, again through a quality control process. We work to make sure that the translations are done in a way to make them easy-to-read and as accessible as possible to people with literacy challenges. High quality translation is a complex and difficult process, especially when trying to accurately communicate health information. We welcome any suggestions.'

■ The Medical Leadership Council for Cultural Proficiency Web site includes a county-by-county database of interpreter services. A caveat: we have not reviewed the individual materials for content accuracy, literacy level or cultural appropriateness.  
[www.medicalleadership.org](http://www.medicalleadership.org)



■ [www.ethnomed.org](http://www.ethnomed.org)  
This site offers patient education materials, including videos, brochures and handouts, in at least 12 languages. It is also a reference for educational meetings on cultural proficiency, language access and health disparities.



---

■ ***www.calendow.org***

This is The California Endowment site. Many of its publications, including information on patient education, interpreter training and interpreter payment are available for download, free of charge.

■ ***www.familydoctor.org***

This is the American Academy of Family Physicians' patient site, and includes dozens of patient education pieces, in English and Spanish. It does not yet offer other languages.

■ ***Immunization Action Coalition***

Useful written materials on vaccinations in 32 languages, including Vaccine Information Statements, health education materials and screening questionnaires for adult and child vaccinations.

[www.immunize.org/catg.d/noneng.htm](http://www.immunize.org/catg.d/noneng.htm)

■ ***Multicultural Health Communication Service, New South Wales, Australia***

More than 450 multilingual health information publications in a wide range of languages, with new publications posted monthly. All materials are endorsed by the New South Wales Department of Health.

[www.mhcs.health.nsw.gov.au/](http://www.mhcs.health.nsw.gov.au/)

■ ***Resource Center of the Cross Cultural Health Care Program***

A useful resource for getting help in finding translated materials. You can contact the Research Librarian at (206) 860-0329.



---

## Conclusion

Caring for patients with limited English proficiency can be challenging, but it is also very rewarding. We hope this Practice Assessment provides you with the head start you need to improve or enhance the care you and your practice team are able to provide to this special patient population, make your practice more welcoming, and increase both your and your patients' satisfaction with the health care experience.

We'd love your feedback. Please complete the evaluation at the end of this handbook and return it to us.

Or feel free to send an email with questions, comments, or recommendations to: [SRodrigues@medicalleadership.org](mailto:SRodrigues@medicalleadership.org). Thank you.

# Take Charge of Your Medicines

Be sure you know:

**How** to take your medicine

**When** to take your medicine

**Why** you should take your medicine

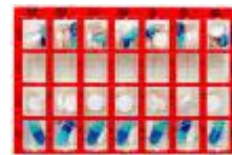
Your doctor, pharmacist, or nurse can answer your questions.

Forgetting to take a medicine can cause harm!

A pill organizer can help you remember to take all your medicines.

**How to use a pill organizer:**

1. Pill organizers have one box labeled for each day of the week.
2. Pick a day of the week when you have time to fill the entire box.
3. Ask your nurse to show you exactly how to fill the pill organizer.
4. At the end of each day, look in that day's box to see if you have any pills left that you forgot to take.
5. Once a week, refill all the boxes.
6. If you need help, we can send a nurse to your home to teach you how to fill the pill organizer.
7. You can use a larger pill organizer if you have to take pills more than once or twice a day.



Please keep pills in their original bottles. Remember to bring all your medicine bottles with you to all your clinic appointments.

**Warning :** Keep all your medicines where children cannot reach them.



---

# Hágase cargo de sus medicamentos

Asegúrese de saber:

**Cómo** tomar su medicamento

**Cuándo** tomar su medicamento

**Por qué** debe tomar su medicamento

Su médico, farmacéutico/a o enfermero/a puede responder a sus preguntas.

¡Olvidar tomar su medicamento puede causar daño!

Un organizador de píldoras puede ayudarlo a recordar que debe tomar todos sus medicamentos.



## Cómo se debe utilizar un organizador de píldoras:

1. Los organizadores de píldoras tienen un compartimento rotulado para cada día de la semana.
2. Elija un día de la semana en que usted tenga tiempo para llenar todos los compartimentos.
3. Pídale a su enfermera que le indique exactamente cómo debe llenar el organizador de píldoras.
4. Al final de cada día, mire el compartimento correspondiente a ese día para ver si hay alguna píldora que usted se haya olvidado de tomar.
5. Rellene todos los compartimentos una vez por semana.
6. Si necesita ayuda, podemos enviar una enfermera a su domicilio para que le enseñe a llenar el organizador de píldoras.
7. Puede utilizar un organizador de píldoras más grande si debe tomarlas más de una o dos veces por día.



Por favor conserve las píldoras en sus frascos originales. Recuerde traer todos sus frascos de medicamentos a todas sus citas en la clínica.

**Advertencia** : Mantenga todos sus medicamentos fuera del alcance de los niños.

---

## 管理你的藥物

你需確定知道：

- 怎樣服藥
- 何時服藥
- 為何服藥

你的醫生、藥劑師、或護士能夠回答你的問題。



忘記服藥可能造成損害！

藥丸管理器能幫助你記住需服用的全部藥物。

### 怎樣使用藥丸管理器：

1. 藥丸管理器的每個格子代表一周的每一天。
2. 選擇一周中你有空的一天裝滿整個格子。
3. 要求你的護士準確地示範怎樣裝填藥丸管理器。
4. 在每一天結束時，檢查當天的格子，看是否有忘記服用的藥丸留下。
5. 每週一次，重新裝填所有格子。
6. 如果你需要幫助，我們可以派一名護士到你家裏，教你怎樣裝填藥丸管理器。
7. 如果你每天服藥超過一次或兩次，你可使用更大的藥丸管理器。



請將藥丸保存在原來的瓶子裏。切記就診時帶上所有藥瓶。

**警告：** 將所有藥物放在遠離兒童的地方。

Pillbox Instructions - Chinese

*Provided by the San Francisco General Hospital Health Education Training Department and Interpretation Service.*

# Quản lý thuốc của bạn

Bạn chắc chắn phải biết:

**Cách** uống thuốc như thế nào

**Khi nào** cần uống thuốc

**Tại sao** bạn cần phải uống thuốc này

Bác sĩ, dược sĩ hay y tá có thể giúp bạn trả lời các câu hỏi này.

Quên uống thuốc có thể gây hại cho bạn!

Hộp sắp xếp thuốc có thể giúp bạn nhớ uống tất cả các viên thuốc.



## Cách sử dụng hộp sắp xếp thuốc:

1. Các hộp sắp xếp thuốc có một ô nhãn hiệu cho mỗi ngày sử dụng trong tuần.
2. Chọn một ngày trong tuần khi bạn có thời gian để đánh dấu vào toàn bộ ô đó.
3. Hãy đề nghị y tá của bạn chỉ cho bạn cách đánh dấu chính xác vào hộp sắp xếp thuốc.
4. Vào cuối mỗi ngày, hãy nhìn vào ô của ngày hôm đó xem bạn có quên uống viên thuốc nào không.
5. Mỗi tuần một lần, đánh dấu lại vào tất cả các ô.
6. Nếu bạn cần trợ giúp, chúng tôi có thể cử một y tá đến nhà hướng dẫn bạn cách điền vào hộp sắp xếp thuốc.
7. Bạn có thể sử dụng một hộp sắp xếp thuốc lớn hơn nếu bạn phải uống thuốc từ 2 lần trở lên trong 1 ngày.



Hãy giữ các viên thuốc ở nguyên trong lọ. Hãy nhớ mang tất cả các lọ thuốc của bạn đến tất cả các cuộc hẹn tại phòng khám.

**Cảnh cáo:** Hãy để tất cả các loại thuốc tránh xa tầm tay trẻ em.

Pillbox Instructions - Vietnamese

Provided by the San Francisco General Hospital Health Education Training Department and Interpretation Service.

---

## Как систематизировать прием своих лекарств

Убедитесь в том, что знаете:

**Как** принимать свои лекарства

**Когда** принимать свои лекарства

**Для чего** Вы должны принимать свои лекарства

На ваши вопросы могут ответить ваш лечащий врач, аптекарь или обслуживающая вас медсестра.

Забывчивость при приеме лекарств может оказаться опасной!



Помочь систематизировать прием всех ваших лекарств может пенал-организатор.

### Как пользоваться пеналом для лекарств:

1. В пеналах для лекарств на каждый день недели предусмотрена определенная ячейка.
2. Выберите день недели, когда Вы выделите время для заполнения всего пенала.
3. Попросите свою медсестру в точности показать, как заполнять пенал для лекарств.
4. В конце каждого дня взгляните на соответствующую ему ячейку пенала, чтобы убедиться, не осталось ли там каких-либо таблеток или капсул, которые Вы забыли принять.
5. Раз в неделю проведите заполнение всех ячеек.
6. Если Вам необходима помощь, мы можем послать на дом медсестру, чтобы обучить Вас заполнению пенала для таблеток.
7. Вы можете воспользоваться пеналом-организатором большего размера, если Вам приходится принимать лекарства чаще одного-двух раз в день.



Просим хранить таблетки или капсулы в тех флаконах, в которых они находились изначально. Не забывайте приносить все свои флаконы с лекарствами на все назначенные Вам приемы в медучреждении.

**Предупреждение:** Храните все свои лекарства в местах, недоступных для детей.



**Please bring all your medication bottles with you every time you come to clinic (including the empty ones).  
THANK YOU!**

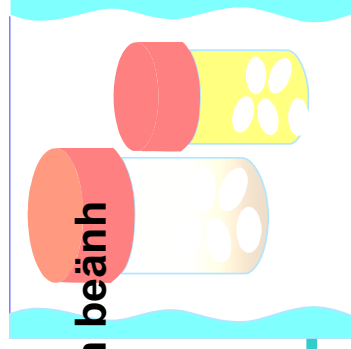
**請您每次來診所時記得帶您所有的藥樽(包括空樽)。**

**多謝!**

**Por favor traiga con usted todos los frascos de sus medicamentos cada vez que usted venga a la clínica (incluyendo los vacíos).  
¡GRACIAS!**

**Пожалуйста, приносите с собой бутылочки, (включая пустые), со всеми Вашими лекарствами каждый раз, когда Вы приходите в клинику.  
СПАСИБО!**

**Xin mang theo tất cả hộp thuốc của bạn mỗi khi đến bệnh  
viện (kể cả những hộp thuốc trống khoảng)  
XIN CẢM ƠN!**



**Please bring all your medicine bottles  
with you every time you come to clinic  
(including the empty ones).  
THANK YOU!**

**請您每次來診所時記得帶您所有的藥樽(包括空樽)。  
多謝！**

**Por favor traiga con usted todos los frascos de sus medicamentos  
cada vez que usted venga a la clínica (incluso los frascos vacíos).  
¡GRACIAS!**

**Пожалуйста, приносите с  
собой бутылочки, (включая  
пустые), со всеми Вашими  
лекарствами каждый раз,  
когда Вы приходите в  
клинику.  
СПАСИБО!**


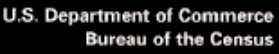

**Xin mang theo taát caũ  
hoăp thuoác cuũa baïn  
moãi khi ñeán beänh vieän  
(keã caũ nhöõng hoăp  
thuoác troáng khoâng)  
XIN CAÙM ÔN!**



San Francisco General Hospital Medical Center – General Medicine Clinic and Patient Education

*Provided by the San Francisco General Hospital Health Education Training Department and Interpretation Service.*

## Appendix C: "I Speak" Cards

  	
LANGUAGE IDENTIFICATION FLASHCARD	
<input type="checkbox"/> <p>املأ هذا المربع اذا كنت تقرأ أو تتحدث العربية.</p>	Arabic
<input type="checkbox"/> <p>Խոսողուն՝ ենք 'նշում' կատարեք այս քառակուսուն, եթե խոսում կամ կարդում եք հայերեն:</p>	Armenian
<input type="checkbox"/> <p>যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বাক্সে দাগ দিন।</p>	Bengali
<input type="checkbox"/> <p>សូមចញ្ជាក់ក្នុងប្រអប់នេះ បើអ្នកអាន ឬនិយាយភាសា ខ្មែរ ។</p>	Cambodian
<input type="checkbox"/> <p>Matka i kahhon komu un taitai pat un sang i Chamorro.</p>	Chamorro
<input type="checkbox"/> <p>如果您具有中文閱讀和會話能力，請在本空格內標上X記號。</p>	Chinese
<input type="checkbox"/> <p>Make kazyè sa a si ou li oswa ou pale kreyòl ayisyen.</p>	Creole
<input type="checkbox"/> <p>Označite ovaj kvadratić ako čitate ili govorite hrvatski jezik.</p>	Croatian (Serbo-Croatian)
<input type="checkbox"/> <p>Zaškrtněte tuto kolonku, pokud čtete a hovoříte česky.</p>	Czech
<input type="checkbox"/> <p>Kruis dit vakje aan als u Nederlands kunt lezen of spreken.</p>	Dutch





# Interpretive Services

## Attention

If you do not speak English, or if you are deaf, hard of hearing, or sight impaired, YOU can have interpretive and translation services provided at no charge. Please ask for assistance

English

### ¡Atención!

Si usted no habla inglés, o es sordo, o mudo, o siego, usted puede pedir servicios de interprete o traductor a no costo de su parte. Por favor, pida ayuda.

Spanish

### Attention

Si vous ne parlez pas l'anglais, si vous êtes sourd, ou durs d'oreille ou si vous êtes aveugles ou avez des difficultés à bien voir, vous pouvez obtenir des services d'interprétation ou de traduction. Les services sont gratuites. S'il vous plaît, demandez de l'aide.

French

### सावधान ।

अगर आपको अंग्रेज़ी नहीं आती, अथवा आप बहरे हैं, कम सुनाई देता है, या कम दिखाई देता है, तो आपको मुफ्त में अनुवादक की सेवाएं उपलब्ध हो सकती हैं। कृपया सहायता मांगें।

Hindi

### Attenzione

Si voi no parla l'inglese o sono muto, sordo o cieco voi potrete ottenere les services d'un interpretator o d'un traductor. Voi no deve pagare niente. Per favore, domandare d'assistenza.

Italian

### Atenção

Se você não fala inglês, o não ouve o não ouve bem, não pode ver bem, então pode ter ajuda gratis, sem ter que pagar pelo serviço. Faça favor de pedir ajuda.

Portuguese

التحذير:

إذا كنت لا تتكلم الإنجليزية، أو إذا كنت أطرشاً أو خفيف السمع أو ضريراً، يمكنك الحصول على خدمات مجانية للترجمة. أطلب المساعدة من فضلك

Arabic

### pansin

Kung hindi ka marunong magsalita ng Ingles or kaya'y bingi ka, mahina ang pandinig o masama ang paningin, may mga tagapagsalin sa iyong wika na makakatulong sa iyo. Ang serbisyong ito ay walang bayad. Mangyaring humingi lamang ng tulong.

Tagalog

중고

### Atansyon!

Si ou pa pale angle, si ou pa kapab tande (soud), si ou mal pou tande, si je'ou pa bon, ou ka jwenn moun pou ede-w tradwi epi enteprete pou'ou gratis. Tanpri mande pou yo ede-w.

Haitian Creole

### ກະລຸນາຟັງ

ກະລຸນາຟັງ. ຖ້າທ່ານເວົ້າພາສາອື່ນໄດ້, ຫຼື ຖ້າທ່ານສູນວກ, ທ່ານມີຄວາມຫຍຸ້ງຍາກໃນການຟັງ, ຫຼື ທ່ານ ມີ ຢືນສານໃນການຟັງ, ທ່ານ ສາມາດ ໄດ້ຮັບການບໍລິການ ຈາກ ການແປປາກເຢົາ ແລະ ການແປເອກະສານ ໂດຍທີ່ ບໍ່ໄດ້ ເກັບຄ່າ ບໍລິການເລີຍ. ກະລຸນາ ສອບຖາມ ສໍາລັບຄວາມສ່ວຍເຫຼືອ.

Laotian

### Внимание!

Если вы страдаете проблемами со слухом или зрением, или не говорите по-английски, вы можете воспользоваться услугами устного или письменного перевода бесплатно. Мы ждем ваших заявок.

Russian

### uwaga

Jeżeli nie mówią Państwo po angielsku, albo jeśli Państwo są głusi lub nie dostyszą lub nie dowidzą, mają Państwo dostęp do bezpłatnej pomocy tłumacza pisemnego lub ustnego. Proszę zwrócić się o pomoc w tym zakresie.

Polish

### Viktig

Hvis du ikke snakker engelsk, er döv, hørselshemmet eller synshemmet kan du få tildeilt tolk og oversetter uten ekstra kostnader. Vennligst be om assistanse.

Norwegian

### Viktig

Om du ej talar engelska, eller om du är döv, har svårt för att höra, eller är synskadad, kan du erhålla tolknings- eller översättningservice utan kostnad. Var god fråga om assistans.

Swedish

### Achtung:

Wenn Sie nicht Englisch sprechen, taub sind, schlecht hören oder schlecht sehen, können Sie einen kostenlosen Dolmetscher- und Übersetzungsservice fordern

German

Nemt in akht

---

## Appendix D: Face-to-Face vs. Telephonic Interpreters

### Use a face-to-face interpreter:

- 1** For patients with any degree of hearing loss. Obviously, if the patient's ability to hear is at issue, use of a telephone will be difficult.
- 2** Some refugees and immigrants may have lived, until coming to the United States, in areas where telephone services were very limited. They may not be used to telephones. For them, the use of a telephonic interpreter may be quite unsettling and may get in the way of clear communication with the physician.
- 3** When patients are afraid or distraught. The physical presence of an interpreter may be both reassuring and vital if the patient is upset, distraught, or in some other way dealing with strong emotions.
- 4** When delivering bad news. Delivering bad news should be done in person. Nobody should find out over the telephone that they have a terminal disease, or that their child is likely to be deformed, or that their mother just died.
- 5** For a new patient's initial visit. On-site interpreters usually do more than just interpret the physician-patient interaction. They also help patients become comfortable with the office setting. Once a patient learns where to check in and what documents to bring, he/she may be able to do just fine with a telephonic interpreter to handle the actual medical interview.
- 6** For any kind of conversation with more than two participants. When there are more than two speakers in a conversation, it is very hard to manage the flow of the conversation well over the phone, leading to inaccurate interpretation. Examples of such encounters might be: family conferences or sessions involving multiple physicians.
- 7** For visits involving teaching, especially if visual aids or a demonstration are used. If you are using a visual aid to teach or to demonstrate a process to a patient, an on-site interpreter is more likely to be able to reference what the physician is pointing to than a telephonic interpreter who cannot see the teaching aid. Examples of this might be: teaching a diabetic patient to measure his/her blood sugar, teaching a patient to use an inhaler, or demonstrating on a model how a particular procedure will be done.
- 8** For psychiatry or any mental health encounter. The building of trust that is fundamental to mental health work is more easily done in person than over the phone. Patients with severe mental disturbances may find a disembodied voice coming from a speakerphone to be upsetting. In addition, interpreters often have to intervene in mental health encounters to provide cultural frameworks for what was said; this is difficult to do telephonically.
- 9** For any sight translation. Obviously sight translation, in which an English language document is read to a patient in a different language, cannot be done over the phone, since the interpreter cannot see the document to read it.

---

## Use telephonic interpreting:

- 1** For conversations which will be conducted over the phone anyway. Clearly, if an interaction is going to be done over the phone anyway, use of a telephonic interpreter is appropriate. In these cases an interpreter should be brought onto a three-way conference call on which the conversation can be interpreted. Interpreters should not be given a message and told to call the patient alone to deliver it, as the interpreter will not be able to respond to any questions the patient may have.
- 2** When the content to be discussed is relatively simple. Telephonic interpreting works best for simple, factual interactions in which no emotionally charged content will be discussed and no negotiation will be required. These sorts of interactions include: reporting normal lab results, making or changing appointments, giving simple discharge instructions, or arranging payment on a bill.
- 3** For determining what language a patient speaks. Sometimes in walk-in and emergency settings, patients will present whose language preference is unknown. Local staff may not have the resources necessary to find out which language the patient speaks. A quality telephonic interpretation service will have operators who are skilled at helping to determine the language of the patient.
- 4** When you need immediate access to an interpreter in emergencies. There are times when patients present without appointments and when physicians cannot wait for an on-site interpreter to be called. A telephonic interpreter can usually be contacted in less than a minute through a quality interpreter service. That makes a telephonic interpreter the resource of choice in emergencies.
- 5** When you cannot get (or there will be an unacceptably long wait for) a trained on-site interpreter. Even if the encounter is not an emergency, there may be times when a trained on-site interpreter cannot be found, or when the patient will have to wait for hours for an interpreter to come. This may happen most often when the patient speaks a language that is not commonly seen in your office. In these cases, using a telephonic interpreter is the best choice, and sometimes the only choice.
- 6** When privacy and confidentiality are issues, especially if the patient's community is small and close-knit. Some patients in small, close-knit ethnic communities do not want to use interpreters because they do not want anyone knowing of their health condition. This is especially true in cases of HIV/AIDS, leprosy, tuberculosis, domestic violence, rape and other socially stigmatizing situations. In these cases, the patient may be more comfortable with a telephonic interpreter, who most likely will be located in a completely different part of the country and will be unattached to the patient's community.
- 7** When health and hygiene are issues, such as the case in highly communicable diseases. When infection is an issue, a telephonic interpreter may be a better solution to the communication gap. If the patient is immunocompromised, for example, a telephonic interpreter will not bring contaminants into the room.
- 8** For quick questions to inpatients. There are many times when nursing staff may want to communicate with inpatients for simple questions, such as: are you in pain? did you urinate today? how did the medication work for you? A telephonic interpreter is the perfect answer to these short interactions.
- 9** For doctors' rounds with inpatients. It is very difficult to schedule on-site interpreters for rounds in an inpatient setting, as you can never be sure of exact schedules. This may be a good time for a telephonic interpreter, since the interpreter can be called when you arrive, and the interactions tend to be short.

## Appendix E: Selecting the Right Interpreter Model

Option	Patient Populations	Available Resources	Other Comments	Financial Considerations
Bilingual physician model	The vast majority of your patient population speaks one non-English language. A large % are walk-in.	A large percentage of the staff with patient contact is known to be fluently bilingual	Physician language skills should be screened.	Language classes Language testing
Untrained interpreters	Not recommended except in emergencies			Legal/medical costs associated with miscommunication.
Bilingual staff interpreters	The vast majority of your patient population speaks one non-English language. A large % are walk-in.	Adequate bilingual staff members have been trained to interpret. Their functions in the office can be backfilled or dispensed with while they interpret.	Even if they don't interpret bilingual staff members can help with the office visit flow much more smoothly for LEP patients.	Interpreter training Loss of productivity in other roles.
Staff interpreters	A large number of your patients speak one non-English language.	There are no dual-role bilingual staff trained to interpret, OR dual-role bilingual staff trained to interpret cannot be freed from other tasks.	Staff interpreters tend to provide high quality interpreting. They gain experience and are more likely to seek continuing education. They get to know patients and doctors and often supply additional services in helping patients navigate the system.	Employee salary
Contract interpreters	There are a moderate number of languages routinely spoken among your patients, most of whom are seen in pre-scheduled appointments.	Corps of trained contract interpreters work in your region for reasonable fees.	One benefit is that you can specifically choose interpreters with training and experience. As any given contractor may not be available when needed, you will need to maintain a pool of candidates.	Payment for time interpreted. Commonly a one-hour minimum, 15-minute increments after that. Staff time to recruit, contract, schedule.
Agency interpreters (Including telephonic)	Your office serves a wide variety of language groups. Most of the patients are seen in pre-scheduled appointments or can wait at least an hour to be seen.	Professional language agencies provide services in your area. Remember, telephonic interpreting agencies provide services anywhere a phone is available.	Once an agency has been evaluated and contracted, it should be easy to use. You may be able to get better rates if you buy through a consortium of small medical practices.	Payment for time interpreted. Fees higher than for contract interpreters; the agency is responsible for recruiting, screening, and booking the interpreter.  Speaker phones for exam rooms, or one portable phone with speaker capability.

## Appendix F: Medi-Cal Managed Care and Healthy Families Contacts

Health Plan	Face-to-Face Interpreter	Telephone Interpreter
Alameda Alliance for Health	510-747-4554	510-257-5995
Blue Cross of California	800-407-4627 or after hours 800-224-0336	800-407-4627 or after hours 800-224-0336
Blue Shield of California	800-424-6521	800-424-6521
CalOptima	Medi-Cal: 888-587-8088 CalOptima LKids: 800-530-2899	Medi-Cal: 888-587-8088 CalOptima Kids: 800-530-2899
Care1st	800-605-2556	800-605-2556
Central Coast Health Plan	800-700-3874 x 4877	Language Line directly: 800-523-1786
Community Health Group	800-224-7766	800-224-7766
Contra Costa Health Plan	877-661-6230	800-661-6230
Delta Dental	800-838-4337	800-838-4337
Family Mosaic Project	415-206-7600	415-206-7600
Health Net	800-675-6110	800-977-3073
Health Plan of San Joaquin	800-932-7625	Language Line directly: 800-874-9426
Health Plan of San Mateo	650-259-1750	800-750-4776
Inland Empire Health Plan	800-440-4347	800-440-4347
Kaiser Permanente	877-886-3885	877-886-3885
Kern Family Health Care	800-391-2000	800-391-2000
L.A. Care Health Plan	213-694-1250	Pacific Interpreters directly: 800-259-4521
Molina Healthcare of California	877-886-3885	877-886-3885
Partnership Health Plan of California	Solano or Napa: 707-863-4120 Yolo: 800-863-4155	Language Line directly: 800-259-4521
Positive Healthcare Foundation	888-AIDSCARE	323-886-5000
Premier Access	Not Available	Premier Access Healthy Families: 888-584-5830 Access Dental Healthy Families: 888-849-8440 Sacramento GMC Medi-Cal Managed Care: 916-646-2130 Los Angeles Medi-Cal Managed Care: 888-414-4110
Safeguard Dental	Not Available	800-752-6096
San Francisco Health Plan	800-288-5555	800-255-5555
Santa Barbara Regional Health Authority	877-814-1861	877-814-1861
Santa Clara Family Health Plan	800-324-8033	800-324-8033
Sharp Health Plan	800-359-2002	800-359-2002
UHP Healthcare	800-847-1222	800-847-1222
Universal Care	800-635-6668	800-311-1232
Ventura County Healthcare Plan	800-600-8247 or 805-677-8787	800-600-8247 or 805-677-8787
VSP	800-877-7239	800-877-7239
Western Health Advantage	916-734-2321	916-734-2321



## Addressing Language and Culture A Practice Assessment for Health Care Professionals

Your feedback on the use of this assessment is vital to us. We will use your comments to help develop the next toolkit, and to tailor presentations to assist physicians and their practice teams in addressing language and culture. Please complete the following questions and return the pages to us. Upon receipt, we will send you a special “Addressing Language and Culture” gift. Thank you.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

1. Have you taken any action to identify LEP patients in your practice? Yes No

2. If yes, what actions have you taken?

3. Please give us the percentage estimate of the top three languages your patients speak?

% \_\_\_\_\_ Language: \_\_\_\_\_

% \_\_\_\_\_ Language: \_\_\_\_\_

% \_\_\_\_\_ Language: \_\_\_\_\_

4. Do you ask patients their “preferred language” for health care interactions? Yes No

5. How do you ask? (Check all that apply)

Verbally

Through family member

With a sign

Other: \_\_\_\_\_

6. Do you have a patient registry or system to help you track your patient population? Yes No

7. If yes, is it:

Paper

Excel spreadsheet

Stamp/Sticker

Electronic database (Access, FileMaker)

Web-based registry

Other: \_\_\_\_\_

8. Does the registry have a field for “preferred language?” Yes No

9. If you don’t have a registry, how do you keep track of your patient population?

10. Do you have policies and procedures for addressing language access? Yes No

11. If yes, do you: (Check all that apply)

Have a printed version

Distribute it to staff

Make it part of staff meetings

Other: \_\_\_\_\_

12. If no, how do you or your staff make decisions about how to provide interpreter services to patients who speak limited English?

---

13. When caring for a patient who speaks limited English, do you: (Check all that apply)

- Use a trained interpreter
- Use a bilingual staff member who has interpreter training
- Use a bilingual staff member who does not have interpreter training
- Use a patient's family member
- Use a friend of the family or other individual
- Use a phone service/language line
- I'm bilingual in: English and \_\_\_\_\_
- Other: \_\_\_\_\_

14. Please give us an estimate of how often (times per week) you use the following language options:

- \_\_\_\_\_ Use a trained interpreter
- \_\_\_\_\_ Use a bilingual staff member who has interpreter training
- \_\_\_\_\_ Use a bilingual staff member who does not have interpreter training
- \_\_\_\_\_ Use a patient's family member
- \_\_\_\_\_ Use a friend of the family or other individual
- \_\_\_\_\_ Use a phone service/language line
- \_\_\_\_\_ I'm bilingual in: English and \_\_\_\_\_
- \_\_\_\_\_ Other: \_\_\_\_\_

15. Do you have any of the following documents translated into other languages?

- Basic health education materials, such as:
  - Informed consent
  - Patient education materials
  - Prescription instructions
  - Other: \_\_\_\_\_

16. Do you use any of the following in your practice:

- Speakerphone in exam room
- Cell phone speaker
- Multiple language signage

17. What three things will you do in response to this Practice Assessment?

- 1.
- 2.
- 3.

18. Other Comments:

Would you recommend this Practice Assessment to your colleagues?	Yes	No
Would you like to have electronic access to the Practice Assessment?	Yes	No

**Thank you for your time and commitment. Fax these pages to CAFP at (415) 345-8668.**

**Addressing Language and Culture  
A Practice Assessment for Health Care Professionals**



**Sponsored by the California Academy of Family Physicians Foundation  
Supported by an educational grant from The California Endowment**

**1520 Pacific Avenue  
San Francisco CA 94109  
[www.familydocs.org](http://www.familydocs.org)  
[www.medicalleadership.org](http://www.medicalleadership.org)  
2007**