

MEDICAL CENTER

Medical Interpreting Services

Medical Interpreting Services Department

Newsletter

VOLUME 18, ISSUE 7 July 2020

Telehealth Wasn't Designed for Non-English Speakers In the US, it's already harder for them to access care

By Nicole Wetsman, Jun 4, 2020

Navigating the health care system is challenging enough if you don't speak English. Walking into a clinic can cause more anxiety if the person at the desk struggles to understand you, for example. If your doctor doesn't speak your language, they're legally required to provide an interpreter, but many try to squeeze by without them which could lead to miscommu-nication about the dose of a medication you need to take or put you in more danger of a bad outcome. The barriers pile up: doctor's notes in English, an inaccessible prescription refill system, a wheelchair company can't call to give you a delivery date. The pandemic sets up additional roadblocks. As COVID-19 spread across the US, doctors suddenly changed how they practiced medicine. Many canceled in-person visits and told patients they'd switched to telemedicine — a fragmented umbrella term that includes everything from text messaging to an integrated video chat.

Some of Elaine Khoong's patients at Zuckerberg San Francisco General Hospital didn't get the message. At the start of the pandemic, the policies and practices were changing every day, Khoong, a general internist and assistant professor of medicine also affiliated with the University of California at San Francisco (UCSF), told *The Verge.* "All this was communicated to our patients, but it was really only being communicated in English," she says. Automated texts to remind patients of their visits were updated to say that the appointment would be by phone, but those were initially only in English and Spanish.

Many of Khoong's patients speak Chinese and responded to the text messages saying that they wanted to cancel their appointment because they didn't want to come into the office out of fear of COVID-19. "They didn't realize it was a reminder about a telephone visit, rather than an inperson visit," she says. For her patients, telemedicine means phone calls. Leveling up to video calls requires extra infrastructure (webcams, computers, software) for both patients and doctors, and some degree of tech savvy. Even with a computer and internet access, it takes a lot of steps to download and use a new app — and it's even harder if the instructions are in a language the user doesn't speak.

"A lot of the technology, the applications themselves, are not in other languages. So just getting access to talk to a provider requires additional language support from a family member, or additional coaching from the provider," says Carolina Valle, policy manager at the California Pan-Ethnic Health Network, an organization that works to reduce health disparities.

Video visits may be better for patients, Rodriguez says, because doctors can actually see their patients and get a

sense of their environment. Relying on phone calls because video systems aren't accessible shouldn't be a long-term solution. "Saying, well, we can't figure out the technology piece, so let's just do let's just do audio — I don't think that's good enough," he says.

For limited English speakers, figuring out the tech on the patient end is just the first step. Once a patient gets set up on a Zoom call at UCSF, Khoong has to turn to the next logistical challenge: integrating a medical interpreter onto that call who is trained to serve as the linguistic gobetween for the visit. To make it happen, she has to call the interpreter on her personal phone and conference them into the Zoom line. Then, she has to rename that caller so that the patient doesn't see her phone number.

Interpreting for a doctor's visit requires more than just a passing grasp of another language — medical interpreters are specially trained in medical terminology and patient privacy, and cultural awareness. When they're part of a visit, limited-English proficient patients have fewer communication errors, better outcomes, and shorter hospital stays.

Getting an interpreter looped into a doctor's appointment is already hard for non-English-speaking patients, even though health care systems are legally required to provide qualified medical interpreters to patients. Around one-third of hospitals don't provide interpreters for patients who need them, one 2016 analysis found. The challenges are only exacerbated by the shift to telehealth.

In theory, it should be easier to loop an interpreter into a telehealth visit. For a virtual visit, doctors don't have to go through the logistical steps of getting an extra person into a room (if they have interpreters on staff) or fumble with an iPad or phone while they're examining a patient (if they rely on remote interpreting services). In reality, though, there aren't seamless ways to add a third person to video calls. At UCSF, some interpreters are on the hospital staff; they're a bit easier to integrate because they're also using Zoom. Others, though, are contracted through remote interpreting services, which usually provide interpreters over a phone line or unique video app. The company's video platforms aren't easy to patch through to something like Zoom. "It's completely different," Khoong says.

"Digital health is a great thing. But we haven't been as good or intentional in thinking about how it works in different populations," Casillas says. "The limited English speaking population isn't a small group. And we've left them out."

Source: https://www.theverge.com/21277936/telehealth-englishsystems-disparities-interpreters-online-doctorappointments?mc_cid=150c061565&mc_eid=0e8ae9c9ca





July 2020 Calendar

National Black Family Month National Minority Mental Health Awareness Month

- 4 Independence Day (US)
- 5 Asalha Puja Day (Buddhist)
- 15 World Youth Skills Day
- 15-18 National Cancer Survivor Sibling Month
- 18 Nelson Mandela International Day
- 23 National Intern Day (US)
- 24 Pioneer Day (Mormon Christian)
- 25 St. James Day (Western Christian)
- 26 Americans with Disabilities Day (US)
- 28 World Hepatitis Day
- 30 Tish'a B'av (Judaims)
- 31 Eid al Adha (Islam)

The Danger of False Cognates in Healthcare

By Nicole Tavarez

Source: https://www.altalang.com/beyond-words/false-cognates-healthcare/

Learning a language is full of excitement, frustration and many times, embarrassment. This was perfectly illustrated to me one day when a coworker of mine, Clara, who was in the process of learning Spanish, was doing her best to make small talk with a Spanish-speaking family. Frustrated by her mispronunciations she said "estoy embarazada!" Estoy embarazada, in Spanish means, "I'm pregnant." What she meant to say was "I'm embarrassed." When she told us this story after the fact, she was mortified. "I know that that wasn't the right word, I was just so nervous that I kept making mistakes." Language learners will often make linguistic mistakes, and one of the easiest pitfalls is the one that Clara made, a situation involving what is commonly known as false cognates.

False cognates are linguistic terms used to describe pairs of words that sound similar in two languages but have different meanings. False cognates can cause novice language learners to use words incorrectly, like in the case of Clara. However, in healthcare, confusing these words can be more than embarrassing – it can also be dangerous. The most well-documented example is the case of Willie Ramirez. Willie was 18 years old when he went to the hospital with a complaint of being "intoxicado." As an English reader, you probably immediately associate the word "intoxicado" with the English word intoxicated. However, in Spanish, "intoxicado" means that the person consumed something that made them sick. This term derailed Willie's treatment and he was misdiagnosed and treated for opioid intoxication. Willie became paraplegic as a result of the misdiagnosis. Willie's case demonstrates that in healthcare, a single misinterpreted word can dramatically alter a person's course of treatment and outcome.

American Spanish Adds Complexity

False cognates are increasingly difficult to identify as Spanish in the United States evolves. As of 2011, there were approximately 37 million people in the United States that spoke Spanish at home. There are more Spanish speakers in the U.S. than the population of Honduras, EI Salvador and Guatemala combined. This makes the U.S. the second-largest Spanish-speaking population in the world, after Mexico. The Spanish spoken in the U.S. has taken on its own dialectal form, a mixture commonly known as Spanglish, a hybrid language that combines words and idioms of Spanish and English and a sort of "American Spanish", a variation of Spanish that incorporates words and idioms from many different countries, predominantly those of Latin America. This "American Spanish" has no standardization. It varies regionally based on immigration trends and settlements that go as far back as colonial times.

Tai-Kadai interpretation Course interpretar jargon mother language translate translator linguistics language translate translator linguistics language translate translator linguistics language translator linguistic studying linternational Translation specend written user communication spoken linguistic studying written language family foreign knowledge study book talk winteraction speechmultilingual dictionary Austroasiatic system Niger-Congospeak vocabulary teaching tongue Sino-Tibetian learn stang lesson conversation bravidian dialect family Turkic

As Spanish in the U.S. has evolved alongside English, many Spanglish words have become a part of everyday speech. Words like "parking" are used in place of the Spanish word "estacionamiento." Spanglish words have even bred other words like "parquearse and parqueadero" (park, parking lot). These words have become so popularly used that they have been officially accepted into the Spanish language.

This is also is true in healthcare. As American Spanish evolves, words have taken different meanings and false cognates have become a part of everyday speech. A study done to assess linguistic competence of bilingual staff found that medical staff commonly confused the meaning of words that look and sound similar in English and Spanish. For example, they often confused the Spanish word "constipado", which means congested, with the English word "constipated". Even though confusing these words is technically incorrect, false cognates like these are often used interchangeably by healthcare workers and patients alike. In American Spanish, the lines between correct and incorrect are often blurred.

The Importance of Qualifying Linguists

False cognates have become so ingrained into everyday speech that strict linguistic rules and classifications are no longer of practical use. Deciding if a word is correct or incorrect is subjective and contextual. Healthcare workers communicate with patients of many different national and cultural backgrounds, each with their own linguistic mutations and regional variations. Words that are common in some Spanish-speaking circles, are foreign in others. The question remains, how to do we manage the reality of American Spanish when misusing or confusing a word can result in a case like Willie's?

The answer lies in proper language proficiency. Language proficiency is related to an individual's ability to comprehend and communicate in a particular language. Language proficiency assessments test an individual's holistic understanding of language, not just their understanding of individual words. A proper language proficiency test should assess individuals' ability to search beyond the literal translation of words, as well as measure their awareness of semantic aspects of language, such as accuracy and context. Proper levels of language proficiency are important to maintain patient safety and decrease the likelihood of another case like Willie's. In his case, there were no qualified medical interpreters or vetted bilingual staff to grasp the nuance of the false cognate used. Language proficiency testing ensures healthcare workers can communicate effectively, by assessing their ability to identify linguistic nuances, to manage registers, accents, idioms and false cognates. This is increasingly important as American Spanish continues to evolve.

American Spanish is representative of the United States itself: it's dynamic, clunky, and make shifted together by population of people with different cultural backgrounds. Ensuring proper language proficiency for healthcare workers maintains patient safety and promotes a linguistically competent healthcare system for the 37 million Spanish-speakers in the United States.

