Providing Safe and Effective Care for Patients with Limited English Proficiency

Student Pre-Post Test & End-of-Course Evaluation Survey

These tools accompany the curriculum, *Providing Safe & Effective Care for Patients with Limited English Proficiency*, and are designed to assist course instructors with evaluating students’ attitudes, knowledge, and skills before and after course implementation and to obtain student feedback on the course overall. They may be adapted as needed to meet your institution’s needs.

This document contains:

- Student Pre-Post Test
- Answer Key for Pre-Post Test Multiple Choice Questions
- Student End-of-Course Evaluation Survey

These materials were developed with the supported of the Josiah Macy Jr. Foundation.
Please identify the degree to which you agree or disagree with the following statements. Please choose only one response for each question.

1. As long as at least one member of the care team is able to communicate in a patient's preferred language, it is not essential to work with a professional medical interpreter.

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<tr>
<th>Strongly Disagree</th>
<th>Somewhat Disagree</th>
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2. It is the responsibility of the medical interpreter to be sure that the patient understands all of the instructions.

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3. I am uncomfortable expressing my concern to the care team when there appears to be a miscommunication due to language barriers.

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4. Patients would ultimately benefit if health professions students have experiences together in interprofessional education.

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5. Shared learning experiences with other health care professions students are fundamental to ensuring effective communication among health care professionals in practice.

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6. It is personally upsetting to me when a patient who does not speak English well has to communicate with the health care team without the assistance of a professional medical interpreter.

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7. The role of professional interpreters is to convert spoken words from one language into another rather than to advocate in the interest of the patient’s health and well-being during the medical encounter.


8. Medical interpreters should be considered a resource that the care team can use as needed rather than an integral part of the care team itself.


9. Health professions students are not yet in a position where they can work toward improving systems of care for patients with limited English proficiency.


10. Improving the way that interpreter services and clinical services work together should be a financial priority for health care organizations to improve the quality of care for patients with limited English proficiency.


11. It is the responsibility of the healthcare system to provide interpreter services for patients who do not speak English well.


12. Healthcare systems should prioritize enhancing systems for measuring, monitoring, and reporting medical errors for patients with limited English proficiency.

Please select the most appropriate answer for the following multiple choice questions.

13. Which of the following is true about regulations on the provision of professional interpreter services by health care providers:
   A. It is a federal mandate for institutions receiving federal funding to provide interpreter services.
   B. Each state has its own specific laws that mandate the provision of interpreter services.
   C. Individual health care organizations typically require their clinicians to work with professional interpreters when caring for patients with limited English proficiency.
   D. All of the above

14. All of the following are key principles of patient safety EXCEPT:
   A. Organizations should create a patient safety culture.
   B. Each individual should be personally committed to minimizing their own risk of errors.
   C. A systems approach is required to address the factors that contribute to errors.
   D. Information about adverse events is shared in a transparent manner.

15. Key tenets of interprofessional collaborative practice include all of the following EXCEPT:
   A. Cultural competency
   B. Giving and receiving feedback
   C. Dealing with conflict
   D. Self-reflection

16. All of the following are important ways in which professional medical interpreters can help ensure safe care for patients with limited English proficiency. Which one is most directly related to the principles of interprofessional collaboration?
   A. Expressing concern that the patient may not have understood something.
   B. Relaying the meaning of the clinician's words faithfully to the patient.
   C. Serving as an advocate for the patient outside of the clinical interaction.
   D. Assuring timely and professional service.

17. Which of the following is true?
   A. Translation involves facilitating oral communication between individuals who do not speak the same language.
   B. Interpretation involves facilitating oral communication between individuals who do not speak the same language.
   C. Interpretation involves converting written text into a different language, as well as facilitating oral communication between individuals who do not speak the same language.
   D. Medical interpretation involves converting written text into a different language in a healthcare setting.

18. All of the following are recommended for working with interpreters EXCEPT:
   A. Position yourself, the patient, and the interpreter so all parties can see each other’s faces.
   B. Ask the interpreter to explain any complex medical jargon in plain language to the patient.
   C. If a patient with LEP refuses to have an interpreter present, always document this in the medical record.
   D. Ask the interpreter to interpret back to you whenever you are concerned about the accuracy of the interpretation.
19. All of the following are appropriate strategies to help ensure that a patient with limited English proficiency understands what is being discussed EXCEPT:

A. Noticing non-verbal communication by the patient  
B. Engaging a family member who knows the patient well to interpret and clarify concepts  
C. Meeting with the person who will be interpreting ahead of time to make sure they are comfortable speaking up if they sense any confusion  
D. Asking the patient to repeat information back to the provider to confirm the patient’s understanding

20. A 63 year-old Somali man who speaks little English presents to the emergency department with symptoms of a possible myocardial infarction. He is accompanied by his 23 year-old son who speaks English and Somali and several other Somali-speaking family members. A professional Somali interpreter is not available for 30 minutes. The son asks to interpret for his father. Which of the following is most appropriate in this situation:

A. The triage nurse who sees him first should wait for an in-person Somali interpreter to interview him.  
B. If there is a professional interpreter available in 15 minutes who speaks a language related to Somali, that is the preferred option.  
C. The triage nurse should allow the patient’s son to interpret until a professional interpreter is available.  
D. The triage nurse should do her best to communicate with the patient using simple English words and hand gestures until an interpreter arrives.

21. A patient who speaks Spanish is given a medication that she is allergic to in the hospital because of a language barrier. She does not develop any negative reaction, so no further action was taken. Which of the following is true:

A. The error should be reported as a near miss.  
B. In most hospitals this error would not have been reported in connection to a language barrier.  
C. Staff training on error reporting for patients with limited English proficiency could have helped prevent this problem.  
D. The error reporting systems in most hospitals would have made this fairly straightforward to report.

22. All of the following are important for ensuring safety for patients with limited English proficiency. Which one is most closely related to creating an organizational culture of safety for patients with LEP?

A. Hire a culturally diverse staff.  
B. Respect interpreters as important members of the care team.  
C. Share lessons learned about patient safety events with the team.  
D. Inform patients of their right to a professional interpreter at no cost.
Please identify the degree to which you feel skilled in the following areas. Please choose only one response for each question.

23. I am skilled at working with medical interpreters to conduct an effective clinical interview with patients with limited English proficiency.


24. I am skilled at assessing when a qualified medical interpreter is needed in a variety of clinical situations.


25. I am skilled at identifying deficiencies in systems of care that can lead to unsafe care for patients with limited English proficiency.


26. I am skilled at advocating for sufficient access to medical interpreters for patients with limited English proficiency.

Question 13
Which of the following is true about regulations on the provision of professional interpreter services by health care providers?

A. It is a federal mandate for institutions receiving federal funding to provide interpreter services.
B. Each state has its own specific laws that mandate the provision of interpreter services.
C. Individual health care organizations typically require their clinicians to work with professional interpreters when caring for patients with limited English proficiency.
D. All of the above

A is correct. Failure to provide appropriate interpreter services can be considered discrimination based on national origin and is prohibited by Title VI of the Civil Rights Act of 1964 for any entity receiving federal funding such as Medicare or Medicaid payments.

Question 14
All of the following are key principles of patient safety EXCEPT:

A. Organizations should create a patient safety culture.
B. Each individual should be personally committed to minimizing their own risk of errors.
C. A systems approach is required to address the factors that contribute to errors.
D. Information about adverse events is shared in a transparent manner.

All of these are key principles of patient safety except B. While it is a true statement that each individual should be responsible for minimizing their own risk of errors, it is not a principle of patient safety because errors will occur anyway, and what is needed are systems of care that minimize the chance of errors, and limit their impact when they inevitably occur.

Question 15
Key tenets of interprofessional collaborative practice include all of the following EXCEPT:

A. Cultural competency
B. Giving and receiving feedback
C. Dealing with conflict
D. Self-reflection

All of these are key tenets of interprofessional collaborative practice except A. Flexibility and cooperation are integral to interprofessional collaborative practice. The ability to give and receive feedback and to engage in self-reflection are also key. While cultural competency is important for providing safe and effective care for patients with LEP and for working well with culturally diverse care teams, it is not a key tenet of interprofessional collaborative practice.
Question 16
All of the following are important ways in which professional medical interpreters can help ensure safe care for patients with limited English proficiency. Which one is most directly related to the principles of interprofessional collaboration?

A. **Expressing concern that the patient may not have understood something.**
B. Relaying the meaning of the clinician's words faithfully to the patient.
C. Serving as an advocate for the patient outside of the clinical interaction.
D. Assuring timely and professional service.

A is correct. While all of these are important in preventing medical errors, expressing concern that the patient may not have understood something that the clinician said is the answer that is most directly related to principles of interprofessional collaboration. Expressing this concern is an important way that interpreters can be part of an interprofessional team working together to ensure safe care.

Question 17
Which of the following is true?

A. Translation involves facilitating oral communication between individuals who do not speak the same language.
B. **Interpretation involves facilitating oral communication between individuals who do not speak the same language.**
C. Interpretation involves converting written text into a different language, as well as facilitating oral communication between individuals who do not speak the same language.
D. Medical interpretation involves converting written text into a different language in a healthcare setting.

B is correct. Translation involves converting written text into a different language. Interpretation involves facilitating oral communication between individuals who do not speak the same language. Medical interpretation involves facilitating oral communication between individuals who do not speak the same language in a healthcare setting.

Question 18
All of the following are recommended for working with interpreters EXCEPT:

A. Position yourself, the patient, and the interpreter so all parties can see each other's faces.
B. **Ask the interpreter to explain any complex medical jargon in plain language to the patient.**
C. If a patient with LEP refuses to have an interpreter present, always document this in the medical record.
D. Ask the interpreter to interpret back to you whenever you are concerned about the accuracy of the interpretation.

All of these are recommended except B. Providers should not assume that the interpreter is familiar with complex medical terminology. The provider should avoid medical terminology whenever possible and explain things in simple terms themselves. It is not the interpreter's responsibility to convert medical jargon into plain language.
Question 19
All of the following are appropriate strategies to help ensure that a patient with limited English proficiency understands what is being discussed EXCEPT:

A. Noticing non-verbal communication by the patient
B. Engaging a family member who knows the patient well to interpret and clarify concepts
C. Meeting with the person who will be interpreting ahead of time to make sure they are comfortable speaking up if they sense any confusion
D. Asking the patient to repeat information back to the provider to confirm the patient’s understanding

All of these are appropriate strategies to help ensure patient understanding except B. Family members should be avoided as interpreters, though they can help to clarify things for patients while a professional interpreter does the interpretation.

Question 20
A 63 year-old Somali man who speaks little English presents to the emergency department with symptoms of a possible myocardial infarction. He is accompanied by his 23 year-old son who speaks English and Somali and several other Somali-speaking family members. A professional Somali interpreter is not available for 30 minutes. The son asks to interpret for his father. Which of the following is most appropriate in this situation:

A. The triage nurse who sees him first should wait for an in-person Somali interpreter to interview him.
B. If there is a professional interpreter available in 15 minutes who speaks a language related to Somali, that is the preferred option.
C. The triage nurse should allow the patient’s son to interpret until a professional interpreter is available.
D. The triage nurse should do her best to communicate with the patient using simple English words and hand gestures until an interpreter arrives.

C is correct. Since this is an acute and potentially dangerous clinical scenario, the triage nurse should engage the quickest form of interpretation available, which may be a telephonic system or may be the patient’s son. A professional interpreter should be called, but this should not hold up the patient’s evaluation and care. An interpreter who speaks a related language can lead to miscommunication and unsafe care. If a telephonic system is available immediately, the clinical team should work with that rather than rely solely on the patient’s son to interpret.

Question 21
A patient who speaks Spanish is given a medication that she is allergic to in the hospital because of a language barrier. She does not develop any negative reaction, so no further action was taken. Which of the following is true:

A. The error should be reported as a near miss.
B. In most hospitals this error would not have been reported in connection to a language barrier.
C. Staff training on error reporting for patients with limited English proficiency could have helped prevent this problem.
D. The error reporting systems in most hospitals would have made this fairly straightforward to report.
B is correct. Most hospitals do not have error reporting systems that allow for classification of medical errors that occurred due to language barriers. The other choices are false – this was an error, not a near miss, even though it did not lead to an adverse reaction. Training on error reporting would not have prevented the error itself. Most error reporting systems are seen as complex and difficult to use.

Question 22
All of the following are important for ensuring safety for patients with limited English proficiency. Which one is most closely related to creating an organizational culture of safety for patients with LEP?

A. Hire a culturally diverse staff.
B. Respect interpreters as important members of the care team.
C. **Share lessons learned about patient safety events with the team.**
D. Inform patients of their right to a professional interpreter at no cost.

C is correct. All of these are important aspects of providing safe, high-quality care for patients with limited English proficiency in a team environment. Sharing lessons learned about patient safety events with team members is most closely associated with fostering an organizational culture of safety because it provides the opportunity for the organization to reflect on and learn from patient safety events and to identify systems-level changes that may help prevent similar errors from occurring in the future.
Student End-of-Course Evaluation Survey

Thank you for participating in the curriculum, *Providing Safe & Effective Care for Patients with Limited English Proficiency*. This survey will ask for your feedback on the course in a 5-point Likert scale format with room for open-ended comments at the end. We appreciate your honest and thorough feedback.

1. Please rate the learning experience for the three e-learning modules, interprofessional classroom sessions, and online group assignments.

   1. Poor  2. Below Average  3. Average  4. Above Average  5. Excellent

2. Please rate the learning experience for the e-learning modules completed online.

   1. Poor  2. Below Average  3. Average  4. Above Average  5. Excellent

3. Please rate the learning experience for the interprofessional classroom sessions.

   1. Poor  2. Below Average  3. Average  4. Above Average  5. Excellent

4. Please rate the learning experience for the online group assignments that you completed following the classroom sessions.

   1. Poor  2. Below Average  3. Average  4. Above Average  5. Excellent

5. The course provided useful information that will help me provide safe care for patients with limited English proficiency.


6. The mixed method course format (i.e., e-learning, classroom sessions, and online group assignments) was effective.

7. It was helpful to learn in an interprofessional forum (i.e. medical students and nursing students together).

1 Strongly Disagree  2 Disagree  3 Neutral  4 Agree  5 Strongly Agree

8. I would recommend this course to other students.

1 Strongly Disagree  2 Disagree  3 Neutral  4 Agree  5 Strongly Agree

9. I think this should be a required course for all medical/nursing students.

1 Strongly Disagree  2 Disagree  3 Neutral  4 Agree  5 Strongly Agree

10. For the subject matter presented, the amount of time spent on this course was:

1 Too little  2 Not quite enough  3 Just right  4 A bit too much  5 Too much

11. What aspects of this course did you like most?

12. What aspects of this course could be improved and how?

13. Any other comments on the course overall?