

Providing Safe and Effective Care for Patients with Limited English Proficiency

Lessons Learned from Pilot Testing & Recommendations for Implementation

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PROVIDING SAFE & EFFECTIVE CARE FOR PATIENTS WITH LIMITED ENGLISH PROFICIENCY

This curriculum offers a model for educating students in the health professions on team-based approaches to providing safe, high quality care for patients with Limited English Proficiency (LEP). The curriculum emphasizes knowledge, skills, and attitudes through interactive case-based exercises, simulations, and team discussion. The course consists of three web-based e-learning modules, three in-person classroom sessions, and online group activities. This document is a resource for health professions educators interested in implementing all or some portion of this modular curriculum at their institutions. It provides top-line recommendations and lessons learned from the process of pilot testing the course with students at Harvard Medical School and the MGH Institute of Health Professions.

OBTAINING LEADERSHIP BUY-IN

Persuading leaders in nursing and medical schools to incorporate anything new into an already packed curriculum is always a challenge. We piloted this interprofessional mini-course with a relatively small group of volunteer students and faculty, and at the time of this writing, we are actively engaged in trying to integrate it into the permanent curriculum at the two pilot schools. Several key points about the topic and structure of the course itself have helped us achieve leadership buy-in and may prove useful in your own efforts to adapt all or part of this curriculum at your institution.

Language Barriers, Patient Safety, and Quality

An underlying theme of this course is that improving the care of patients with LEP is crucial to make sure that care is both safe and high quality. A growing number of studies document the high rate of medical errors and harm done to patients by the health care system due to inattention to language barriers.¹ This also leads to lower quality of care. We have used the patient safety argument to emphasize the need for education on language barriers at our institutions. In addition, this training helps to meet the Liaison Committee on Medical Education's requirements for medical schools and the American Association of Colleges of Nursing standards for cultural and linguistic competency.^{2,3} We recommend leveraging the importance of education on both patient safety and meeting the needs of culturally and linguistically diverse populations with leadership at your institutions to help solidify buy-in for this course.

Interprofessional Education

As we move towards a more team-based model of health care, it is no longer practical to train medical students, nursing students, and other health care professionals in isolation. Leaders in health professions education have begun to recognize that offering Interprofessional educational experiences (IPE) early in the curriculum is crucial to building high performing and effective teams for future practice. The topic of LEP patient safety is ideal for an interprofessional learning experience because it is of equal importance and interest to both nursing students and medical students, and there should be no significant difference in the level of understanding of the topic. In fact, the typical hierarchy could be mitigated somewhat, as nursing students are likely to have more clinical experience earlier in their education and tend to focus more on patient safety than medical students. In addition, the inclusion of interpreters as members of the health care team and as essential partners in this course broadens the

interprofessional experience. This topic area is well-suited to fill the gap in interprofessional learning opportunities for health professions students.

Blended Learning and the “Flipped Classroom”

The format of this course may be useful for achieving leadership buy-in. We have blended web-based e-learning with small group live learning sessions. This approach is consistent with cutting edge education, which is shifting from lectures and didactics in class (which can be done at home) to student engagement in team-based problem solving. The content is primarily delivered through e-learning, which provides more time during the live learning sessions for students to interact together and to discuss cases and challenges (sometimes referred to as the “flipped classroom”). In addition, one of the challenges of interprofessional education is often the geographic distance between schools. The blended learning strategy allows for a large portion of the learning to occur individually (off campus) so that the geographic challenges are limited to the live small group learning sessions. The on-line team assignments reinforce asynchronous, interactive learning. We recommend using this newer approach to engage leaders in a discussion about optimal teaching methods and generate interest in the curriculum.

CREATING AN INTERPROFESSIONAL LEARNING ENVIRONMENT

We incorporated the recommendations of the *Interprofessional Education Collaborative Expert Panel* convened in 2011 to recommend core competencies, learning experiences, and educational strategies among dentistry, medicine, nursing, osteopathy, pharmacy, and public health professionals into this curriculum.⁴ These core competencies include teamwork, communication, collaboration, and shared values.

Team-based Learning

We used team-based learning to involve medical and nursing students, as well as interpreters, in case simulation and problem-solving. We grouped students into small teams with equal representation of students from each discipline and a facilitator experienced with IPE from either nursing or medicine. We set the stage for shared experiences with an icebreaker in the first live session in which students envision themselves waking up in a hospital in rural Laos injured, alone, and unable to speak the language. This encourages students to identify common concerns about quality and safety for patients with LEP and begin to form a team identity.

Interpreter Participation

The inclusion of the interpreter as an integral member of the health care team is a key factor in improving care for patients with LEP. For this course, we strongly recommend developing a partnership with interpreter services in a health care setting in which the students have clinical training. Students are exposed to the collaborative efforts and mutual respect among course faculty when interpreters are included as partners in the patient visit and participate in patient simulation and debriefing exercises. In selecting interpreters for this course, we recommend recruiting from those who enjoy teaching and have experience in multiple settings.

Other Key Stakeholders

There are several key stakeholders that should be involved in recruiting students from nursing and medicine. While the e-learning modules are individual and can be implemented asynchronously, classroom sessions require more complex logistics. It is crucial to get the buy in of academic leadership as well as clinical course coordinators and

faculty who are familiar with student schedules and competencies. For simulated patient encounters, students need clear instruction about the goals and skills being practiced, as well as time to discuss differences in professional roles and responsibilities. Students who are more advanced in their education are more comfortable discussing their roles and responsibilities than those with little clinical experience. Criteria for selecting faculty facilitators should include concern for the quality of care for patients with LEP, experience with interpreted patient visits, and valuing interprofessional learning.

IMPLEMENTING THE COURSE

Modular Course Design

We designed and pilot tested this course with an interprofessional group of eight Harvard Medical School students and eight direct entry advanced practice nursing students at the MGH Institute of Health Professions. The modular course design gives instructors the flexibility to tailor the content and teaching approaches to meet the specific needs of their institutions and student populations, either scaling up or scaling down the curriculum as needed to meet educational objectives. The curriculum may be delivered as a stand-alone course using all three modules and teaching approaches (e-learning, classroom sessions, and online group assignments), or it may be adapted by different faculty as a new or additional component of a pre-existing course. The e-learning program can be used alone or in combination with the other course components. We designed the classroom sessions and online assignments to build on the content delivered in the interactive e-learning program. Students have the opportunity to work in interprofessional teams to explore course concepts and build skills for working in a team-based environment.

Placement in Medical and Nursing School Curricula

We recommend integrating the course into the end of the second year or beginning of the third year for medical students and advanced practice nursing students. At this stage students are most closely matched in terms of clinical experience. They have had some clinical experience that they can discuss in the course but are still just beginning to hone their clinical skills. This placement also offers them the opportunity to apply what they have learned in the course to the remainder of their coursework and clinical placements. For traditional baccalaureate nursing students, the third and fourth years would be appropriate.

Resources Required for Implementation

Our affiliation with Massachusetts General Hospital facilitated access to a wide array of human and material resources that supported implementation of the curriculum in the pilot testing phase. We encourage faculty members at other institutions that wish to use this curriculum to adapt the program based on the available resources at their institutions, as well as students' educational needs. The following resources were instrumental in pilot testing the course at Harvard Medical School and the MGH IHP with our group of 16 students divided into four small groups for the classroom discussions and activities. Other institutions will need to consider the extent of the resources available to them when considering how to best adapt the course to their context.

- In addition to having **two course leaders** (one from medicine and another from nursing), adopting institutions will need **additional faculty and/or teaching assistants** to assist with course preparation and

small group facilitation during the classroom sessions. The course requires one faculty per student group to facilitate the classroom discussions.

- In our pilot testing, the **Director of Interpreter Services** at MGH participated alongside the course leaders in delivering the course and contributed substantially to the large group discussions. This collaboration helped elevate the importance of interpreter services and offered students access to the expertise of the Director as part of the learning experience.
- **Professional medical interpreters** also play a significant role in the classroom sessions, with one interpreter assigned to work with each small group and provide their perspectives on the class discussions and activities, as well as deeper insight into the role of the interpreter as an integral part of the care team.
- The small group, in-class activity in module 2 requires the participation of **trained patient simulators** to play the role of the standardized patient in the scenario where students practice working with a medical interpreter in a patient encounter.
- Faculty facilitators, teaching assistants, interpreters, and patient simulators should participate in **training sessions** that explain their role in the course and to ensure they are prepared to participate in the simulation exercise in the module 2 classroom session.
- We recommend working with **an instructional designer** who can provide valuable input, particularly for institutions seeking expertise on how to adapt the course to their context.
- Course leaders need **IT support** to manage the online learning management platform used to deliver the e-learning program, house the course syllabus and other key materials for the classroom sessions, and provide a space for online discussions for the group assignments.
- **Facilities** for the classroom sessions should be equally accessible to both medical and nursing students, who may be traveling from different locations to attend the course. The space should provide ample room for students to participate in small group discussions and role play activities during the classroom sessions without disturbing each other.

CONTACT

This curriculum was designed and pilot tested by the Disparities Solutions Center at Massachusetts General Hospital in collaboration with the MGH Institute of Health Professions. For more information, please visit www.mghdisparitiessolutions.org.

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