

Medical Spanish Curricula

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Introduction

In the United States, the Hispanic population reached a record of 60.6 million in 2019. Although the growth in population has slowed in the past decade, 40% of Hispanics are categorized as having limited English proficiency (LEP) (Morales, 2015). Individuals with LEP are not able to speak, write, or understand the English language at a level that allows them to effectively communicate with health care professionals (Morales, 2015). For this population, language barriers significantly contribute to health disparities and impede equitable healthcare (Diamond, Tuot, & Karlinger, 2012).

Sixty percent of LEP individuals in the United States are Spanish speaking (Morales, 2015). Acknowledging the need to provide care for patients with LEP, the majority of which are Spanish speaking, policymakers have called for the recruitment and training of physicians who can provide care in Spanish (Reuland, 2008). In attempts to meet this need, medical schools across the nation have implemented - to varying degrees - medical Spanish curriculums. Studies have shown that when physicians communicate proficiently with patients in their preferred language and use professional interpreters, language-concordance can reduce or eliminate disparities and health outcomes (Hardin, 2015).

In this poster, I will summarize how Medical Spanish is implemented across American medical schools, highlight the need for more comprehensive and reproducible curriculums, and introduce the changes Geisel school of medicine is making to their Medical Spanish course for the Fall of 2020.

Methods

Comprehensive literature review on Medical Spanish curricula in the U.S.

While the paper by Morales reported results from a survey of 132 schools, Reuland and Hardin discussed different Medical Spanish curricula and proposed ways through which to standardize curricula across American medical schools.

Results

The most recent descriptive study looking at medical Spanish curricula was published in 2008 by Reuland. Reuland's review is extremely helpful in the designing of medical Spanish courses, yet the time since its published date reflects a larger issue in this field: the lack of recent research.

For those interested in improving the quality of medical Spanish education, the need for a more standardized curriculum is well known. Reuland and Hardin, two prominent researchers in this field, have sifted through the published curricula and propose guiding principles for course development. Below are six best practice principles:

Principle 1. The program should be longitudinal and provide multiple learning modalities.

Principle 2. The program should focus resources on medical students entering with intermediate or advanced-level Spanish proficiency to safely provide language-concordant care.

Principle 3. The program should have official status within the medical school, and students should receive academic credit.

Principle 4. When feasible, the program should be integrated with existing medical school curricula.

Principle 5. The primary focus should be on language and communication skills, with cultural issues an important but secondary focus.

Principle 6. Validated, reliable measurements of language proficiency should be used for assessment of students and for program evaluation.

Changes to the Geisel Medical Spanish Curriculum for the Fall of 2020

With these principles in mind, several changes were made to the Geisel Medical Spanish Curriculum for the Fall of 2020. The course consisted of 6 sessions led by volunteer medical students. In addition to these 6 sessions, there was an intensive language immersive led by the Rassias center at the beginning of the course. This language immersion program was three days long and available for 9 students. To complement the in-class sessions, students have access to Canopy, a NIH-supported digital health company that provides online medical Spanish modules. In addition to the course, students will have access to a session on effective interpreter use led by Hitchcock's interpreter & translation Services.

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Conclusions and Future Work

Individuals with limited English proficiency (LEP) account for 9% of the U.S. population, the majority of whom are Spanish speakers. At Dartmouth-Hitchcock, 42% of LEP patients are Spanish-speaking. In the future, medical Spanish training programs must emphasize advanced levels of oral/aural competency in order to meet the needs of the Spanish speaking patient population. Medical Spanish courses should aim at improving the Spanish speaking proficiency of their students and most also stress the importance of utilizing interpreting services. The adequate use of interpreters should help avoid medical errors and health disparities in LEP patients.

References and Acknowledgments

1. Morales et al, National Survey of Medical Spanish Curriculum in U.S. Medical Schools (2015).
2. Reuland, A longitudinal medical Spanish program at one US medical school (2008).
3. Hardin, An Overview of Medical Spanish Curricula in the United States (2015).