

exams ALTA Language Services, Inc. developed in collaboration with Kaiser Permanente which are recognized as standards for evaluating physicians' and medical staff persons' medical Spanish communication skills. However, the challenge of bilingual health care lies in the need to communicate with one's patients in Spanish and coworkers in English while simultaneously employing the cognitive skills necessary to evaluate clinical information and make clinical decisions. Therefore, the final component of our Certification is a Spanish objective structured clinical exam in which students complete a history and physical in Spanish, document their findings in English, and develop a diagnostic and treatment plan. To acknowledge the mastery of these skills and facilitate recognition of these bilingual providers by both staff and patients, those who earn the Certification receive new identification tags which boldly state, "Hablo Español."

We knew the Certification was an effective solution to language credentialing the first time a student failed after reporting using Spanish clinically on a daily basis. We knew it was a success the first time a student responded to the feedback after failing, completed remediation, and passed the exams. We saw the true power of the Certification as we witnessed a transformation in the culture of our medical center to one with a heightened commitment to providing language-concordant care to patients with limited English proficiency. Staff now challenge Spanish-speaking providers who do not display Certification identification tags. Likewise, staff who previously relied on ad hoc interpreters have become strong proponents of staff and phone interpreters.

Our Certification is one example of a standardized, comprehensive, and replicable approach to language credentialing. It provides evaluation and instruction, and it is available for all to access and implement. As such, it can serve as a model for universal medical Spanish credentialing. Most important, we hope that the recommendations we have offered based on our own experience

will be helpful as others address this problem at their own institutions.

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Katherine M. O'Rourke, MD

Resident physician, Department of Obstetrics and Gynecology, University of Wisconsin Hospitals and Clinics, Madison, Wisconsin; korourke4@gmail.com.

Gregory Gruener, MD, MBA

Senior associate dean for medical education and professor, Department of Neurology, Loyola University Chicago Stritch School of Medicine, Maywood, Illinois.

References

- 1 Lion KC, Thompson DA, Cowden JD, et al. Clinical Spanish use and language proficiency testing among pediatric residents. *Acad Med.* 2013;88:1–7.
- 2 O'Rourke K, Gruener G, Quinones D, Stratta E, Howell J. Spanish bilingual medical student certification. *MedEdPORTAL.* 2013. www.mededportal.org/publication/9400. Accessed December 17, 2013.

In Reply to O'Rourke and Gruener:

Drs. O'Rourke and Gruener present a compelling example of good practice: hospital and training program leaders recognizing that language proficiency is a learned skill, and ensuring that providers are competent to use language skills safely and effectively with patients. The inclusion of a structured clinical assessment is noteworthy, and emphasizes that effective communication is the foundation for patient-centered medicine. Our own experience supports the principles advocated by Drs. O'Rourke and Gruener.

Despite regulatory requirements and the availability of tools to measure language need and service delivery,¹ hospitals and health care providers often choose untested family members, friends, or providers to meet the communication needs of limited English proficient families.² As Drs. O'Rourke and Gruener note, medical Spanish courses are helpful, but may have unintended consequences if nonproficient providers conclude they no longer need an interpreter after completing such a course.³ Failure to use professional interpretation can lead to miscommunication and medical errors.⁴ Further research is needed to determine

whether rigorous language training for medical providers can safely and effectively build language proficiency.

Like Drs. O'Rourke and Gruener, we have witnessed a promising change in our institution's approach to providing bilingual care. Our findings encouraged our hospital leaders to adopt a language proficiency certification process. Seattle Children's Hospital requires that faculty, residents, students, and staff who wish to use non-native language skills with families pass a telephonic assessment of clinical language skills. Those who pass receive a colored placard in their badge holder, announcing the language spoken. We have noticed a shift in hospital culture towards recognition that only certified proficient language skills should be used with patients and families; otherwise, professional interpretation is needed. We also recommend that proficient providers consider professional interpretation for complex or difficult conversations to ensure that subtleties of meaning are not lost or misconstrued. Recognizing the crucial role communication plays in the art of medicine, and our own limitations, is essential both for delivering optimal care to each patient, and for training the next generation of doctors.

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K. Casey Lion, MD, MPH

Acting assistant professor of pediatrics, University of Washington and Seattle Children's Research Institute, Seattle, Washington; casey.lion@seattlechildrens.org.

Beth E. Ebel, MD, MSc, MPH

Associate professor of pediatrics, University of Washington and Harborview Injury Prevention and Research Center, Seattle, Washington.

References

- 1 Boscolo-Hightower A, Rafton S, Tolman M, et al. Identifying families with limited English proficiency using a capture-recapture approach. *Hosp Pediatr.* 2014;4.
- 2 DeCamp LR, Kuo DZ, Flores G, O'Connor K, Minkovitz CS. Changes in language services use by US pediatricians. *Pediatrics.* 2013;132:e396–e406.
- 3 Prince D, Nelson M. Teaching Spanish to emergency medicine residents. *Acad Emerg Med.* 1995;2:32–36.
- 4 Lion KC, Rafton SA, Shafii J, et al. Association between language, serious adverse events, and length of stay among hospitalized children. *Hosp Pediatr.* 2013;3:219–225.