
UCSF
University of California
San Francisco
Bilingual Clinician & Staff Certification
Interpreting & Translation Services
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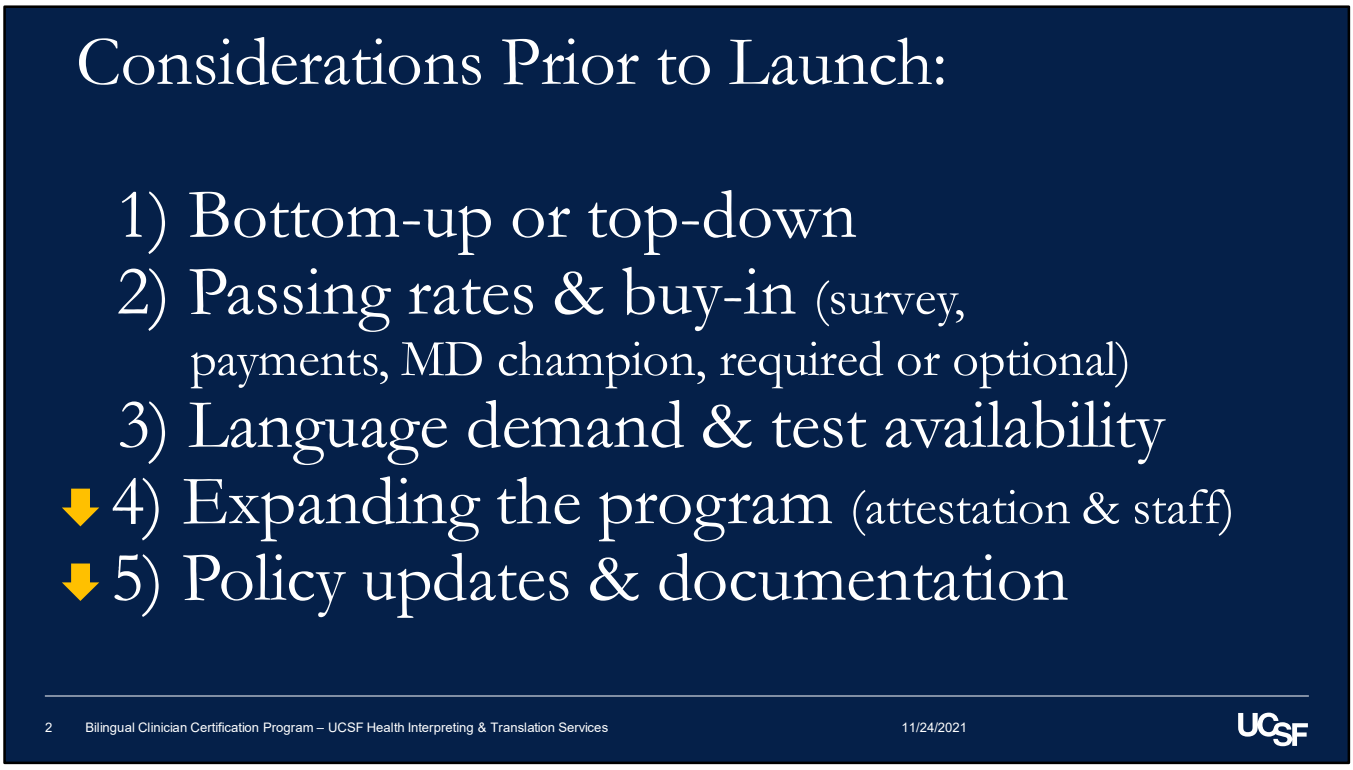


1) Other large medical centers launched their program with staff, which led to clinicians pulling certified bilingual staff ad hoc to interpret; leading to two problems: 1) staff missing from their primary duties, 2) staff being asked to interpret for specialties with which they had no knowledge or experience. To avoid this, UCSF launched certification with clinicians in order to create a "culture of certified bilingual providers" before incorporating staff into the program.

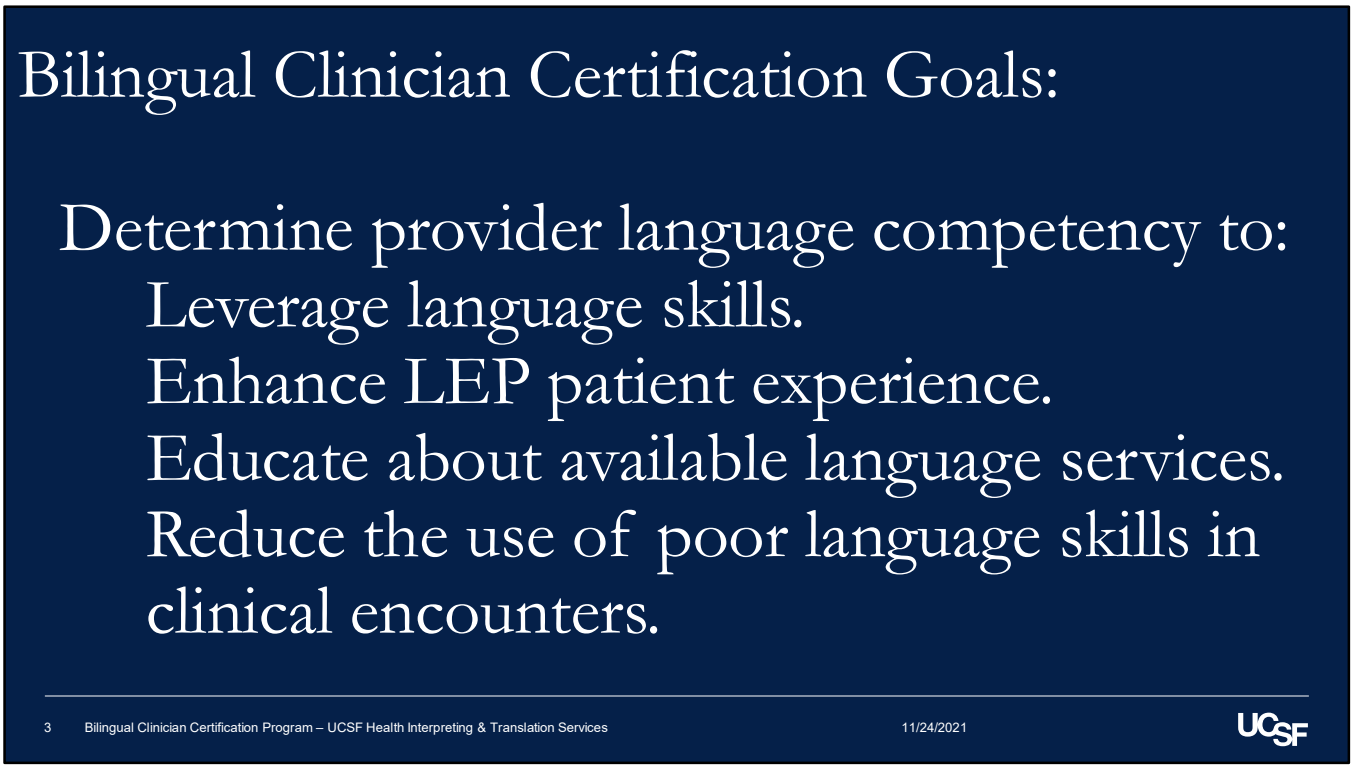
2) When launching the program we wanted to ensure there was a higher passing rate to boost buy-in. We did this by having all clinicians take a preliminary survey whereby they self-assessed their language skills based on a five-point scale with definitions of each level. Research suggests that the three top categories are more likely to pass the language assessment and the two bottom categories are much more likely to fail, thus we offer testing and certification to the top three categories. The survey also educates providers about the importance of working with certified interpreters for all other languages along with easy instructions to contact interpreting services.

Additionally, to increase buy-in, we offered a financial incentive the first two years and we had a strong MD Champion (Dr. Leah Karliner).

3) Tests are not available for all languages, so there were some providers who were excluded from the program. Rarer languages have a lower probability of provider and patient concordance. Starting the program with your top languages is a good way to have a higher ROI to get buy-in from the C-suite.

4) Our data showed a significant number of providers who qualified for certification and did not complete the language assessment. Dr. Karliner conducted focus groups with several of these providers and found that they fell into 3 clear categories: 1) Native speakers who felt somewhat insulted that they had to "prove" they spoke their native language (excellent-level) 2) Specialists who felt a test of General Medicine scenarios is not an appropriate assessment of their language usage in clinic (variable levels), and 3) providers who felt intimidated by the test and feared failing it and did not want to be prohibited from using their language skills (most likely "good-level"). Upon review of our passing rates for excellent-level speakers and reviewing some previous research comparing patient vs. provider assessed language skills, we decided any MD who self-assessed as having excellent language skills could sign an attestation in lieu of testing.

5) Updating the Interpretation and Translation Policy to reflect the new program is very important. In addition, we modified our EMR system to include "certified bilingual clinician" into the documentation of language services and educated providers about documenting their language skills in the patient's record.



The main reasons UCSF launched the Bilingual Certification Program:

1) CLASS Standards oblige us to ensure the quality of Language services regardless of whether they are provided by clinicians and staff or medical Interpreters. Certification is the most appropriate means to comply for both Interpreters and staff.

2) It is painful for both providers and patients who speaks the same language fluently to communicate through an interpeter for regulatory reason only. The gold standard is to speak the same Language as your provider.

3) It is painful and dangerous for patients to try to get by with providers who do not speak the Language at an appropriate level to discuss clinical matters. Failing a certification exam gives a provider clear evidence that their Language skills are insufficient for clinical encounters.

4) It is painful and disappointing for medical Interpreters to be turned away or intervene with providers who over-estimate their Language skills. We always encourage polite Greetings and casual conversations in the patients Language and working with certified Interpreters for clinical communication unless certified in Language.

5) The certification program has also served as an excellent tool to educate about the importance of working with certified Interpreters and instructions on how to access Language services. All Residents and Fellows are encouraged to complete the initial survey and thus receive the Education about Interperting Services.

Culturally and Linguistically Appropriate Services: HHS guidance.

Research:

Patients with interpreters understood less and were less satisfied than patients with language-concordant providers.

-Patient Satisfaction with Different Interpreting Methods: A Randomized Controlled Trial. Gany F, et al.

-The effects of language concordant care on patient satisfaction and clinical understanding for Hispanic pediatric surgery patients. Dunlop JL, et al.

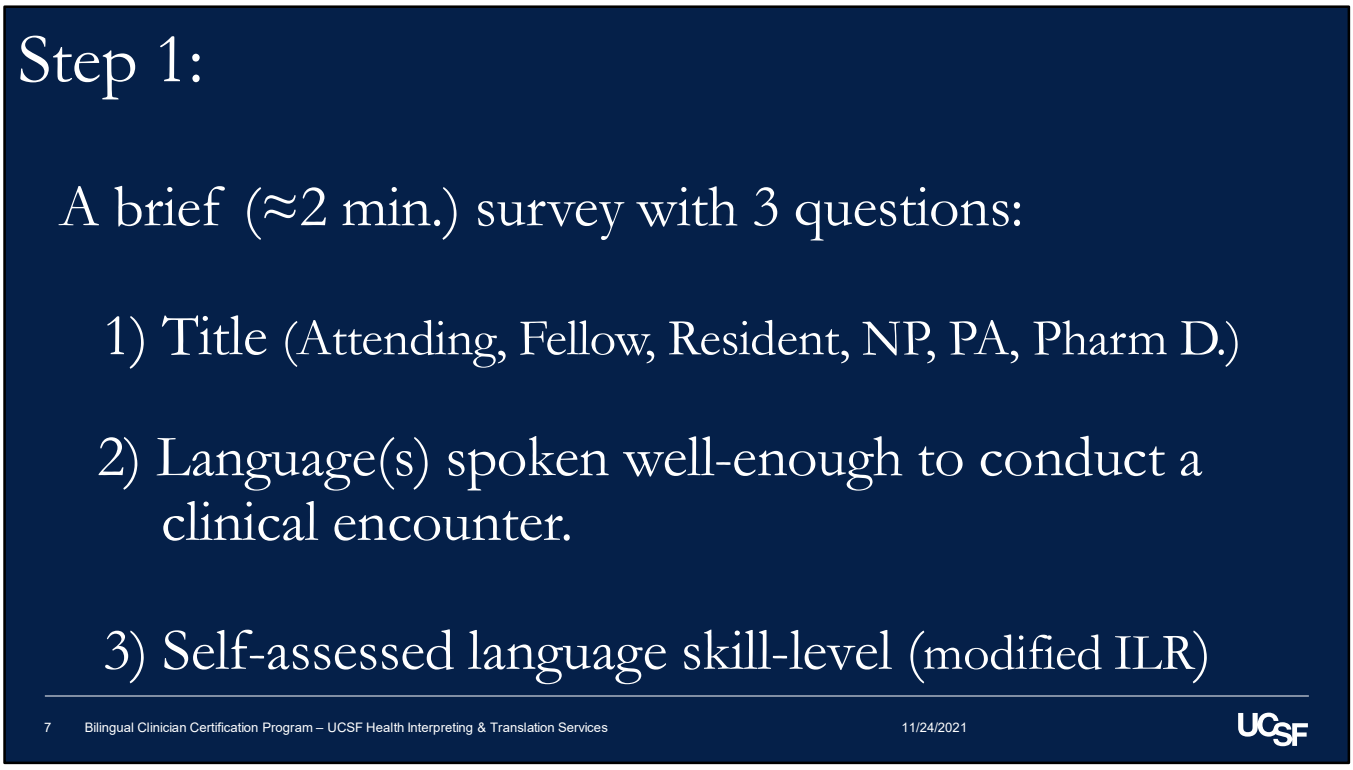
We know from the research that language concordant visits are the highest standard. But how do we prove competency in the provider's non-English language(s)? Joint Commission and OCR is unlikely to just take our word for it.

Research:

Physician self-report of fluency at high and low skill-levels correlates well with patient's assessment and language assessment scores.

-Relationship between Self-Assessed and Tested Non-English Language Proficiency among Primary Care Providers. Diamond LC, et al.
-Accuracy of Physician Self-Report of Spanish Language Proficiency. Rosenthal A, et al.
-Physician Language Ability and Cultural Competence: An Exploratory Study of Communication with Spanish-speaking Patients. Fernández A, el al.

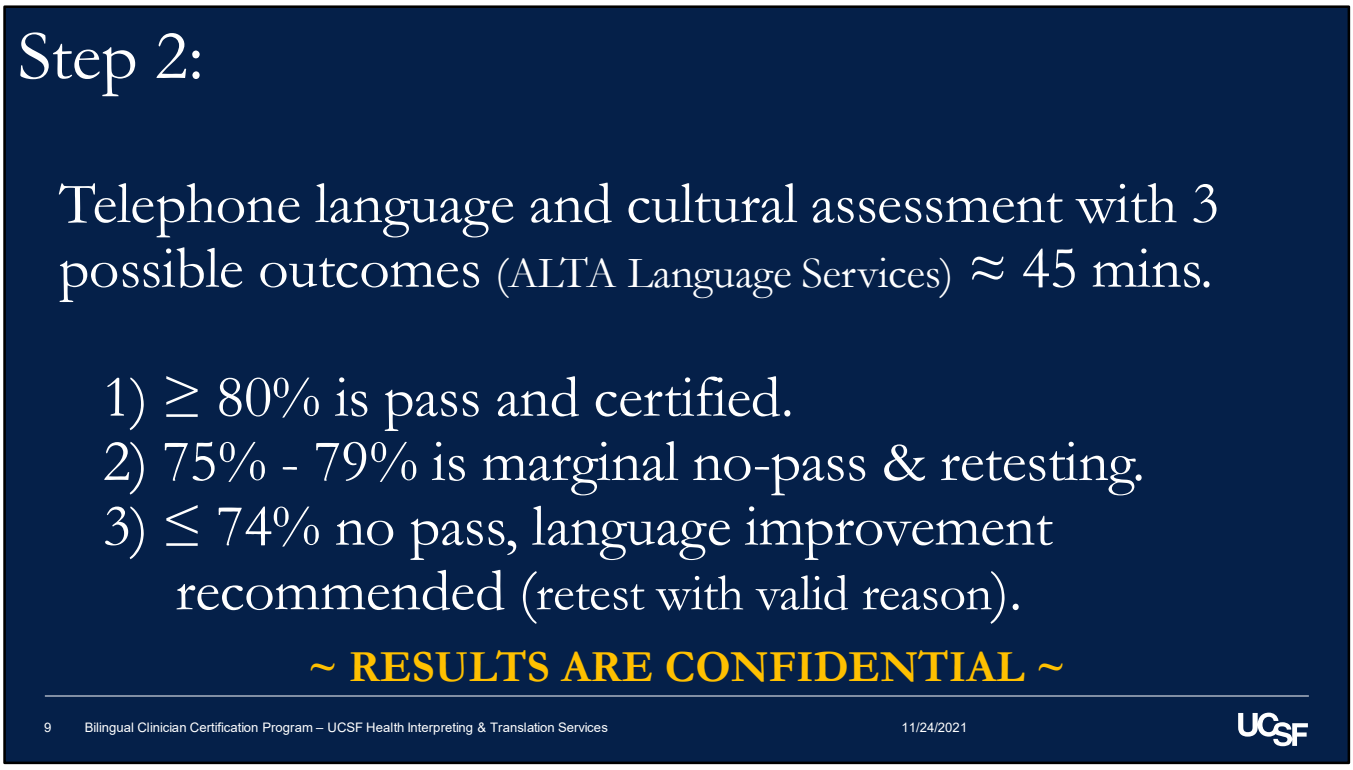
- When provider language skill self-assessments fell into the "Excellent" category, patients tend to agree, and their test scores show competency.
- When provider self-assessments fell into the "Poor" category, patient assessment and test scores also showed their skills to be low.
- Provider self-assessments falling into the mid-ranges of language skills "Very Good, Good, Fair" are less accurate.



- Our first step was to identify the potential candidates. Our Chief Medical Officer sent out an e-mail with a survey link asking all clinicians to complete it.
- Because this was a new program, and testing large groups of people is costly, we wanted greater chance of success, so we offered testing to Excellent, Very Good and Good. Fair and Poor candidates are offered educational information regarding the importance of using professional interpreters and how to access those services at UCSF.
- Candidates who test are given a certificate, a sticker for their ID badge and compensation.

Excellent	**Speaks proficiently, equivalent to that of an educated speaker, and is skilled at incorporating appropriate medical terminology and concepts into communication. Has complete fluency in the language such that speech in all levels is fully accepted by educated native speakers in all its features, including breadth of vocabulary and idioms, colloquialisms, and pertinent cultural references.**
Very Good	Able to use the language fluently and accurately on all levels related to work needs in a healthcare setting. Can understand and participate in any conversation within the range of his/her experience with a high degree of fluency and precision of vocabulary. Unaffected by rate of speech. Language ability only rarely hinders him/her in performing any task requiring language; yet, the individual would seldom be perceived as a native.
Good	Able to speak the language with sufficient accuracy and vocabulary to have effective formal and informal conversations on most familiar topics. Although cultural references, proverbs and the implications of nuances and idiom may not be fully understood, the individual can easily repair the conversation. May have some difficulty communicating necessary health concepts.

The three levels of self-assessed language skills for which we allow testing and certification.



- The testing is conducted over the phone and recorded. It is scored by two independent linguists.
- We created a middle category to account for an unfamiliar type of testing for most candidates (unproctored, over the phone, recorded). Providers who scored in the marginal no-pass category are encouraged to retest as soon as possible and most pass on their second attempt.
- If a provider fails due to circumstances beyond their control (called out for an emergency, family crisis, etc.) we allow them to retest.

Step 3:

ID Badge Sticker

Certificate

University of California San Francisco

hereby certifies that

MD

has obtained a passing score on the
Clinician Cultural & Linguistic Assessment exam for

German

The clinician named above is deemed a competent bilingual provider and may discuss health care issues with patients, patient family members and patient guardians at the University of California San Francisco Medical Center in the language(s) named above.

UCSF Medical Center
UCSF Benioff Children's Hospital

3/7/2014

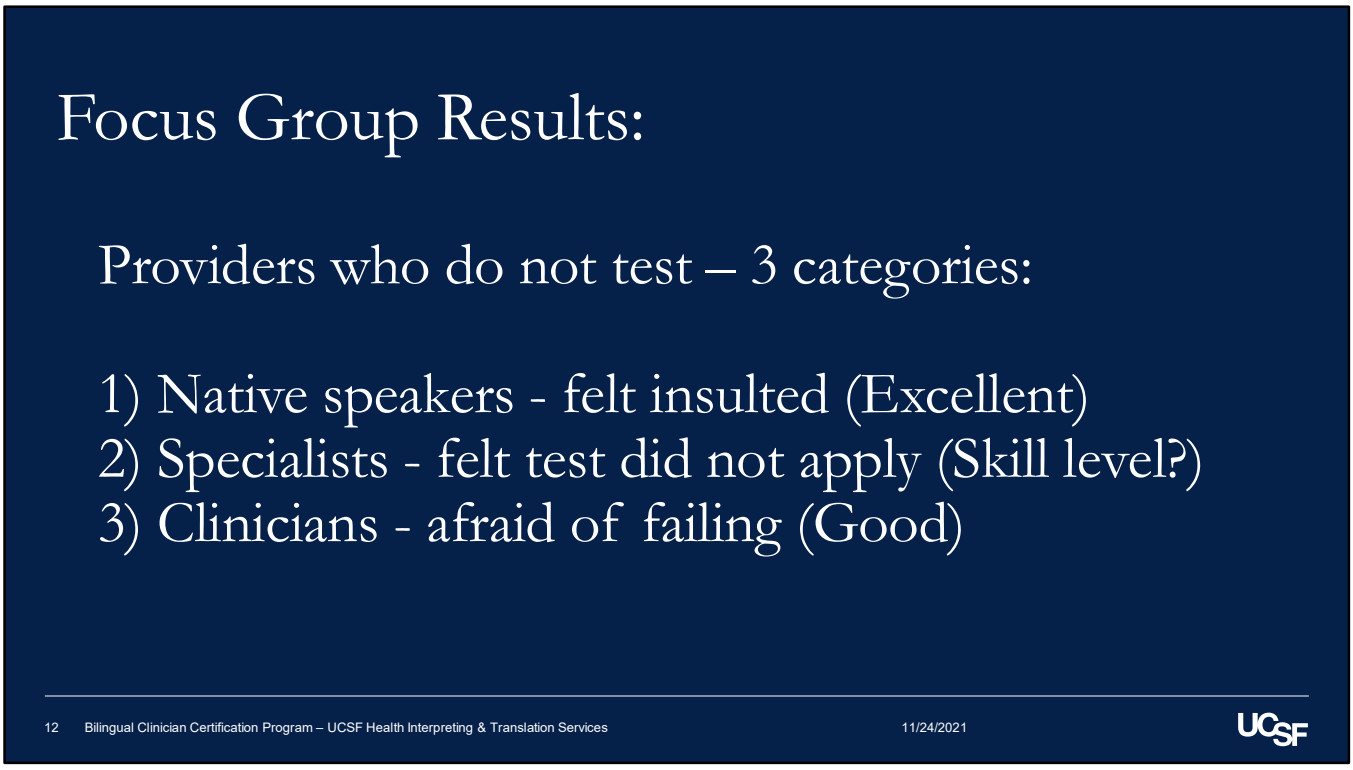
Certified clinicians receive a sticker for their ID badges and a certificate.

Results to date:

Qualify for testing: ≈1,650
Completed testing: 394/24%
Passing scores: 315/80% (Pass rate) (Test Rate)

Excellent:	135/141	(96%)	(36%)
Very Good:	120/151	(80%)	(38%)
Good:	60/102	(59%)	(26%)

- We conducted a data analysis to determine why so few qualified candidates were completing the testing and certification process, in particular candidates with high self-assessed skill levels.
- Also, we wanted to know why some “Excellent” skill-level providers failed (4%). Dr. Karliner interviewed each individually – all were interrupted during the testing process due to emergency situations.
- We wanted to determine why so few people tested and why the discrepancy in testing at varying skill levels.



- Dr. Karliner conducted a focus group with providers who had not tested and found three basic themes:
- 1) Native speakers felt somewhat insulted that their language skills were being assessed. We assume they self-assessed as “Excellent” speakers.
- 2) Specialists felt the test did not apply to their field and use of communication, because it presents general medical scenarios. We assume they are probably not in the “Excellent” category, because they felt some level of language inadequacy.
- 3) Fear of failing. These providers were most likely in the “Good” category and this might explain the very low percentage of “Good” speakers testing.

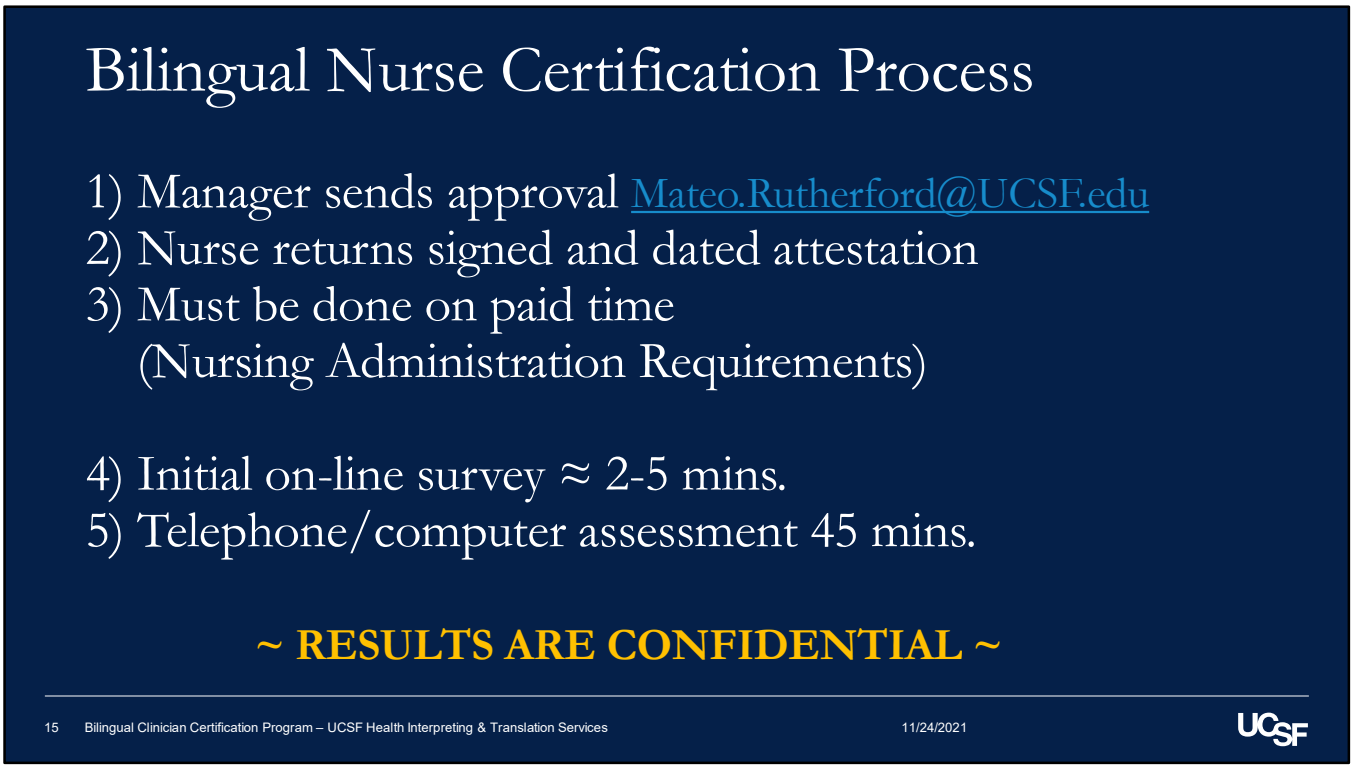
Program Improvements:

Providers who self-identify as having "Excellent" language skills and are willing to sign an Attestation to that fact, will be certified. Any complaint related to language skills will trigger a testing requirement (275 MDs to date).

Relationship between Self-Assessed and Tested Non-English Language Proficiency among Primary Care Providers. Diamond L, et al.

- Based on our internal data and research conducted by Dr. Lisa Diamond, we determined it would be appropriate to include a Certification through Attestation for providers who self-assess their language skills as "Excellent". That has nearly doubled the number of "Excellent" providers certified.

Starred items are currently in process.

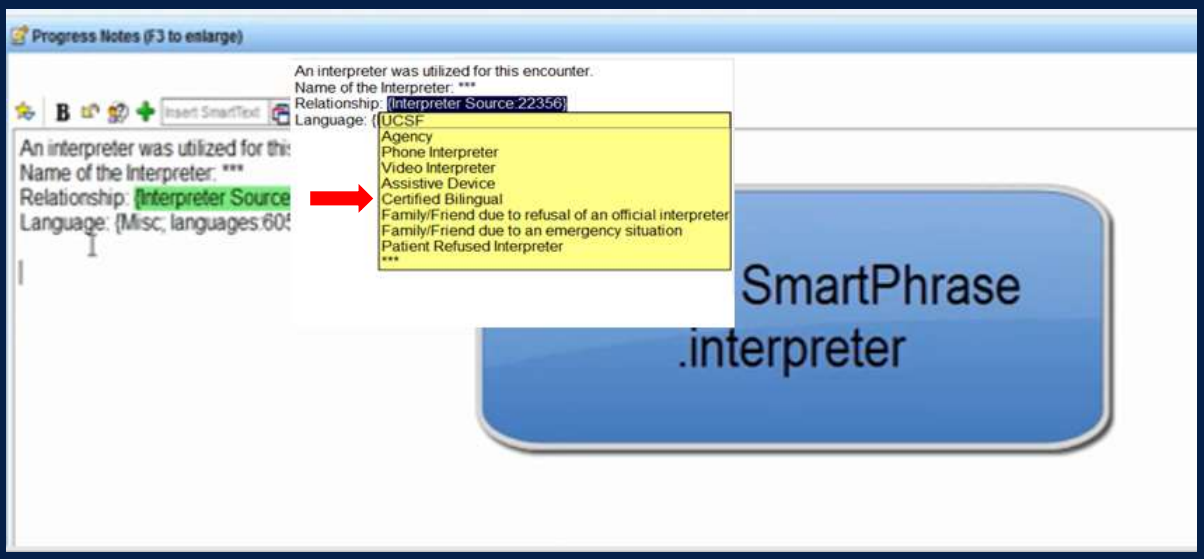


When certifying represented employees, there are additional concerns compared to clinicians. They must conduct all the certification activities on paid time and their managers/supervisors must approve them in case there are any concerns. Furthermore, it is very important for them to understand their job duties are not changing, they are certified only to conduct their normal job duties in additional languages. Our nursing administration office requires us to have each nurse sign an attestation and for their manager to approve them prior to certification.

Including certification into the institution's policy is very important.

Policy updated to include information about Bilingual Certification.

".Interpreter" Smart Phrase in EPIC:



".interpreter" smart phrase in EPIC updated to include "Certified Bilingual" as an option for documenting language services in the patients EMR.

Email: Mateo.Rutherford@UCSF.edu if you have questions regarding the UCSF Certified Bilingual Clinician and Staff Program.