

TIPS FOR COMMUNICATING WITH LIMITED ENGLISH PROFICIENT PATIENTS

By Otilia Tiutin PhD, Cultural and Linguistic Services Manager

As practicing physicians in California, we know you are seeing a diverse group of patients who come from diverse cultures and backgrounds, many of whom speak limited English. If your office has team members who speak Spanish or other languages, you are among the lucky ones. Perhaps you yourself speak another language fluently and in that case your patients are benefiting greatly. However, some practices are seeing patients from such diverse cultural backgrounds that it is impossible to have staff and providers capable of understanding all the languages of these patients. If you are part of our Community Provider Network, CCHP can assist you with interpreter services; however some patients will insist that you speak English to them. As part of being cross culturally aware, we know about the fact that patients from different cultures often nod their heads during conversations with healthcare providers, but this does not necessarily mean that they understand 100% what is being said to them. Culturally, a head nod may be a gesture of respect, a way of saying, “Yes I am listening and being attentive. I recognize and appreciate your professional expertise.”

The key question here is, “**What can be done to make sure patients understand what is being said to them?**”

The answer is two-fold. First, it is absolutely critical in any healthcare situation that open communication take place, so don't back off from asking questions in a culturally sensitive way. Americans often experience paralyzing anxiety around political correctness, which definitely shuts down vital communication. You have to push yourself to reach beyond your comfort zone in many situations. Secondly, try your hardest to use the clearest English possible when speaking to non-fluent English speakers. Naturally, you don't want to offend anyone by oversimplifying, but always be prepared to err on the side of simplicity to maximize understanding. The tips that follow can be adapted to a broad range of non-native speakers.

TIP #1 English is a difficult language. We take for granted in the U.S. that much effort is made by people around the world learning our language. If English is your first language, you may not realize you were lucky to learn English without much conscious effort and it is hard to appreciate the struggle of those who have to put great effort into speaking and understanding it. Consider this illustration of how difficult English is: If the word *through* is pronounced “throo” then why is enough pronounced “ee-nuff?” In many other languages the accents are equal or they are indicated in the spelling of the word like *Còmo està*.

TIP #2 Keep it simple. In work settings, we slip into our professional roles, often changing our way of speaking automatically. We choose to say *utilize* instead of simply *use*. With limited English proficiency patients and families, the simplest word is always better. Basics such as good, give, take, more, less will be better choices than positive, administer, increase, and decrease. Keep word choice simple and keep sentences simple as well. Avoid run-on sentences. Americans tend to be uncomfortable with silence, so we ramble on if there's a break in conversation. As we ramble, we tend towards more complex ideas rather than simpler ones. Try to allow some silence between simpler phrases and pause after asking a question. The other person may need a moment to consider their best answer.

TIP #3 Give and seek feedback: Even if you are using simpler words and shorter sentences, you can't be certain there has been communication until the receiver acknowledges it with feedback. Remember, head nodding does not count as feedback with people from many different cultures. Even with Americans, and definitely with children, head nodding is often a sign of partial comprehension. So you must ask clarifying questions.

There are two kinds of questions:

Close-ended questions - These usually begin with *do, did, does, is, are, will, or can*. These can be answered with a simple yes or no – or a head nod. Avoid the use of close-ended questions with LEP patients because in many cultures people will frequently simply say yes even if they don't understand you. If a person doesn't want to contradict the doctor or other healthcare professional, nodding or saying yes is a way of keeping harmony in the interaction. A patient or parent may nod and then leave the doctor's office with little understanding of what to do

next. Or, the person may have no intention whatsoever of complying with the recommendations for treatment that were given for cultural reasons that were never discussed.

Open-ended questions - These usually begin with the 5 W's – *who, what, when, where, why (and how or how many)*. It is awkward to answer these questions with a nod, shrug, or simple yes/no. For example, you might ask a patient/parent, “What do you think has caused this illness?” Or, “How long have you been seeing these symptoms?” “What are you most worried about?”

TIP#4 Not understanding vs. misunderstanding: Keep in mind that when people don't understand you, you are more likely to get some immediate indication of the miscommunication than when they **misunderstand** you. When there's a lack of understanding, a person may ask you to repeat what you have said or you may read confusion in facial expressions. But when people **misunderstand**, they may be less likely to indicate this, especially if they come from an indirect and face saving culture. For example, the English words *want* and *won't* sound very much alike to a non-native speaker. You may say to a person, “I want to help you,” but she may hear “I won't help you.” She may be perplexed that this is your response, but she may be very inclined to accept the word of a healthcare professional that is in a position of authority. She may perceive you as being uncaring, but certainly won't say so. Many **misunderstandings** go unnoticed by both parties. Asking clarifying questions is crucial.

TIP#5 Speak Slowly and Clearly – NOT Loudly: Often when people don't understand our language, we treat them as if they are deaf or “slow” without realizing we are doing so. Articulate your words in shorter phrases rather than just speaking more loudly.

TIP #6 Repeat if Necessary: Much of what we gain from a conversation is in the context or general content of the discussion. Our brains constantly fill in the missing information. If we don't actually hear every word, we compensate. For example, if I say, “I left you a message on your _____” you will almost automatically fill in the blank with cell phone, phone, or voicemail. Non-native speakers will struggle to do this. So repeat key phrases and summarize key points. Also, make it clear at the outset that you are happy to repeat anything you say in conversation.

Tip #7 Avoid acronyms, idioms, and abbreviations: The medical culture has a language of its own that includes many acronyms such as ED, HMO, NPO, etc. Always take the time to say things the long way and avoid terms that will create confusion for non-native speakers. It's best when setting appointments to say “eight o'clock in the morning” instead of “8 a.m.” Common expressions and idioms can also block communication. If you say, “I'll run that past the doctor,” an LEP patient may literally picture you running to the doctor which sounds urgent when you intended a casual tone. Imagine how confusing an expression such as “we can kill two birds with one stone” might sound in the context of a follow-up appointment.

TIP #8 Write it down and demonstrate while speaking: Providing simple notes about the key points of an office visit and expectations for patient follow up can be very useful to LEP patients and families. Written material with more detailed information about medications and treatments can also be very helpful in conjunction with thorough explanation in the doctor's office. A really thorough explanation will include checking for understanding via open ended questions, gesturing while speaking, and demonstrating actions. How is a topical medication applied? Demonstrate. Written materials that can be taken away and read at a leisurely pace are often greatly appreciated. The kinds of LEP adaptations mentioned here are also useful when working with limited literacy patients and those who have low health literacy.

Tip #9 Use Interpreter Services when necessary: If you are a private physician part of our CPN (Community Provider Network), CCHP can assist you 24/7 to get an interpreter on the telephone through our Provider Call Center. If you are a Contra Costa County provider located at CCRMC or the county clinics please use the procedures top contact HCIN.

Source: www.dimensionsofculture.com