



H HABLAMOS

Hispanic and Bilingual Longitudinal Ambulatory Studies

Executive Report 2021



Pilot Study



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Background

Healthcare delivery to patients with limited English proficiency (LEP) is a national healthcare concern. LEP refers to individuals who “do not speak English as their primary language” and “have a limited ability to read, speak, write, or understand the English language” (LEP, 2018). Within healthcare systems, this patient population consistently receives subpar care (Morales et al., 2015), which can contribute to health disparities (Henderson et al., 2005).

Research shows language concordance among patients with LEP and providers improves patient satisfaction, medication adherence, and overall health and wellbeing (Fernandez et al., 2004; Wilson, Hm Chen, Grumbach, Wang & Fernandez, 2005; Morales et al., 2015; Stoneking et al., 2016). To increase language concordance between patients and providers, we developed the Hispanic And Bilingual Ambulatory Medical Studies (HABLAMoS) program. HABLAMoS, a 4-year longitudinal Designated Emphasis (DE) curriculum program, incorporates Spanish language learning in the context of undergraduate medical education.

We developed a research and evaluation plan to assess the impact of the HABLAMoS program on student learning and language outcomes in three phases: a pilot study conducted Spring 2021, a cross-sectional study Fall 2021, and a longitudinal study to be carried out from Fall 2021 to Spring 2025. This report explains the findings of the pilot study.

The HABLAMoS Program

Year 1

Year one builds the foundation for Spanish-language learning in medical contexts. Students receive one unit of selective credit on their transcript by completing 16 of 20 available activity hours for the medical Spanish selective. Students are expected to:



Participate in conversational lunch workshops.



Attend mandatory grammar lessons.



Apply language skills to clinical encounters with Spanish-speaking patients.



Practice effective communication in patient-provider interactions through hands-on modules and OSCEs.

Summer Program Goals

During the summer between Years 1 and 2 of medical school, students have the option to participate in a Spanish-language and cultural immersion experience in a global context through the program or via a partnering immersion program.

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Year 2

Year two strengthens students' language skills and emphasizes oral communication in clinical encounters with Spanish-speaking patients and families. Medical students co-design a plan tailored to their language needs and future practice goals. Tailored programs may include:



Attend Medical Spanish activities (grammar lessons, OSCEs).



Work with the faculty director to integrate Spanish into your LACE Practice Improvement Project (PIP).



Select a patient case study to discuss with the professor of Spanish as a second language. Write up a short paragraph on the case study for discussion.



Conduct research with Spanish-speaking patients or communities.

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Year 3

Year three deepens students' medical Spanish vocabulary and cultural humility in the context of caring for Spanish-speaking patients. Medical students work independently on their written and oral language skills. Activities may include:



Present findings from your Spanish PIP project at the School of Medicine's Conference on Teaching, Learning and Research.



Write the 5-page paper in progress from your PIP work in Spanish.



Complete online language learning models via CanopyLearn, recipient of the National Institutes of Health (NIH) innovation award recipient.



One-on-one instruction with our professor of Spanish as a second language.

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Year 4

Year four immerses students in Spanish-speaking clinics and families in Inland Southern California and provides experiential learning into the cultural and structural factors that shape the health of Latino patients, patient-provider dynamics, and patient experiences in clinical spaces. Activities include:



Four-week stay with a Spanish-speaking Latino family.



30-hour clinic rotation with a preceptor with a Spanish-speaking patient panel.



Participate in 8 hours of online Spanish grammar instruction and attend 6 hours of virtual classroom discussion.



Present on culture and structure in the care of Spanish-speaking patients to clinic staff.

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The Pilot Study

The pilot study was conducted in Spring 2021 to test out the interview guides, focus group guides, and surveys to collect participant data. Students, faculty, and residents in the University of California Riverside School of Medicine (UCR SOM) community participated in the pilot study. We purposively selected participants based on their year in medical school as well as affiliated clinical faculty and residents. Twelve participants took part in the study: seven medical students and five faculty/residents.

Participants participated in one of 3 focus groups held via Zoom

- One group with students in years 1 and 2 of medical school
- One group with students in years 3 and 4
- One group with faculty and residents.

Data collection

The main purpose of the focus groups was to identify the lived experiences and challenges of our students enrolled in the HABLAMoS program, identify the Spanish-language needs of clinical faculty and residents, and obtain feedback on how to improve our study instruments (surveys and interview guides). At the start of the group interview, we asked participants to self-administer a brief survey that collected socio-demographic characteristics and language history. Then, a trained facilitator went through each question on the focus group interview guide and the one-on-one interview guide (to be administered to students in the longitudinal study) asking participants to share their responses as well as feedback and critiques of each question. For medical students, we asked them about their lived experiences, academic outcomes and challenges during the HABLAMoS program. For faculty and residents, we asked about their Spanish-language interest, the need to learn Spanish in medical contexts, and challenges they might face due to competing priorities.



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Data analysis

The recorded sessions were professionally transcribed and analyzed using content analysis (Patton, 2002). Content analysis facilitates data reduction, theme identification, and cross-case comparison (mainly for the focus groups conducted with medical students and the one with faculty and residents). Study team members read the transcription of the focus groups interviews and identified the motivations, challenges, and recommendations for improving the HABLAMoS program. Illustrative quotations were identified and included in this report as evidence of the information shared by participants. Comparative analysis was used to understand the general patterns across participants' responses and to develop a final interpretation of the data.

Findings

Medical students had an overall great experience during the HABLAMoS program. Faculty and residents indicated a strong need for medical Spanish language learning. During the focus groups, participants talked about their main learning outcomes, challenges, and recommendations to language learning in the context of medical education and/or clinical practice. Below we provide key findings and exemplar quotes.

Learning Outcomes

Participants shared some of the key learning outcomes of the HABLAMoS program, which included the improvement of Spanish conversational skills, Spanish language learning in medical and clinical training, and increased knowledge of cultural competency while working with Spanish-speaking communities. When asked to reflect upon student learning outcomes, participants in their first or second year of medical school shared the following comments:

“Students learn both the technical and medical terms needed to communicate with patients.”

“One of the outcomes might be to improve your level [of Spanish].”

“Students kind of like that comfort in being able to speak... conversationally, even in a clinical setting, giving them the courage to do that.”

“We had a few OSCEs (objective structured clinical examinations) where... I had to explain what a heart attack was and what causes it... and how exercise can help with, like improve for that [condition].”

Medical students in their third or fourth year of medical school reinforced how program activity created opportunities to achieve learning outcomes.

“I do feel that having the opportunity to learn Spanish and the way that you communicate with Spanish-speaking patients, that it broadens the amount of clinical experiences we can have as students. So, I think just by that fact that we now have a new group of patients that we can speak to. That’s very important to our clinical education and to see my patients who have similar concerns.”

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Program Activity

Participants also shared their thoughts about program activities. From their perspective the grammar lessons, OSCEs, online learning modules via CANOPY Medical Spanish online, and scholarly selectives were very useful. The OSCEs were particularly useful for students in Years 1 and 2 of medical school:

"The OSCEs are very useful ... It's a space where I get to apply everything and practice giving a whole patient interview, but in Spanish...

Students appreciated the informal nature of the OSCEs in which they are paired with a bilingual medical student rather than a physician, which "brings down that burden intimidation of like, this is [an] OSCE..." Students saw this as an important learning space to interact in Spanish as best as possible.

Third year medical students discussed the appropriateness and value of online learning via canopy medical spanish during their clerkship year.

"CANOPY is a very good resource.... I've enjoyed it as a kind of a refresher for grammar for me. I found that very helpful and I didn't feel like it was too much of a time commitment. It was very appropriate..."

Fourth year medical students shared their experiences participating in the scholarly activity focused on COVID-19 in Latinx immigrant populations. This curriculum included one-on-one grammar sessions, readings and seminars, and conversations with promotores (community health workers).

"I liked the grammar sessions because it strengthened my grammar. The one-on-one with [Professor of Spanish as second language] were nice. . . . We could squeeze it in whenever we had a sliver of time.

"I'm so happy I was able to do the Coachella Valley COVID-19 elective in my fourth year. And that I integrated my HABLAMoS into my rotations.

Findings

Recommendations for Program Improvement

Participants shared recommendations on improving the integration of the HABLAMoS program with other medical school curriculum such as LACE/PIP Integration or continuing medical education.

MS1 and MS2

“In terms of lace and even the PIP projects... it can be adapted, especially if your PIP project is, kind of like in the interview style, and like being able to adapt to like your interview into like the Spanish language. [It] can be very helpful because that opens up your data and like you can collect more and be more. It allows your project to be more culturally competent. I do think that it is helpful, like to have it for like evenly and with your PIP project.”

MS3 and MS4

“And I wish we could do that as third years also because that’s where I would like integration. I could do med spa and get credit for it. But maybe in the third year, because we do family medicine clinic a half day of the week. So, maybe identifying Spanish-speaking family medicine providers to do our med spa Spanish, but also do our family med rotation.”

“If there were specific OSCEs for students who are in the HABLAMoS program that maybe are in place of the OSCEs of medical schools, that might be a place to be integrated. I think for the most part in preclinical years, it’s a rather specific dialect of language that you use. It’s a very specific vocabulary, not necessarily one that would be valuable to us if we could speak to patients about... the catecholamines that are being produced... I feel like in preclinical years, aren’t many places where integration would be very helpful... I think fourth year having one of the rotations being a Spanish speaking primary care rotation, I think that is a valuable integration... I personally feel it’s appropriate.”

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The main challenges or difficulties experienced by students in HABLAMoS

Some of the main challenges were the grammar lessons and time intensity. For the grammar lessons some participants described those sessions as rigorous and long.

MS1 and MS2

"I've heard from a few students that they don't have enough practice. And so, like during the grammar session and stuff, they'd be too intimidated. They've suggested like On-key where if there was like a honky deck with like a bunch of medical sentences that they could memorize and practice, it would be less intimidating during the sessions."

"I would say some of the grammar learning. I think we are, some students, particularly who are native speakers or maybe say B1, doing some of the grammar lessons, they oftentimes never learned the grammar. So then to be, asked to learn something a little bit complicated, grammar wise is quite challenging."

"[Grammar it is difficult], particularly for the B1's and up, it's difficult and, maybe for better or worse... it's not really that important to them to learn the grammar rules... one other person has communicated this to me that, they really didn't like that... They didn't like teaching them grammar....because they felt that they wouldn't teach it well, because they weren't very familiar with it, so they didn't want to do a bad job."

MS3 and MS4

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Findings for Faculty & Residents

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Faculty and residents expressed a strong need and motivation for medical Spanish language learning. During the focus groups, participants shared information on the benefits of learning Spanish, what would be the characteristics of a medical Spanish program for faculty and residents, as well as about the challenges these populations may have if enrolling in this program.

Benefits of Learning Medical Spanish

One of the main benefits of participating in this program will be the improvement of the service and care provided to their patients. Participants talked about the role of translators and how some information is lost in translation. Overall, participants shared that understanding the language (e.g., Spanish) and the culture of their patients are key for increasing confidence, trust, and rapport in the patient-physician relationship.

"I have some learning in Spanish, no formal education, but that did not cover medical Spanish, or, you know, in the context of a clinic or a hospital setting. So, definitely my motive for joining is to better communicate with my patients. I feel like things are lost in translation when I use interpreters or they don't know what I'm talking about. I'm a better listener than I am a speaker of Spanish. So, I can totally tell that they're kind of saying it the wrong way. So, If I could meet a person, you know, kind of giving the important conversations, I feel like I would be providing better care for my patients and, you know, they would have more confidence in me as well that, you know, I took the time to really explain this to them."

"I think it can be really hard with interpreters sometimes. Sometimes there's no in-person, so I'll have to use a phone interpreter and I work in psychiatry. So, sometimes, you know, if the patient's very disorganized and thought process, it can be really hard to even offenders did some more words. It would help me, whereas interpreters, especially if they're on the phone, they really don't catch anything. So, it makes it a little bit harder of an evaluation. And I think even just with rapport with patients, even if, you know, it might not be fluent even just a little bit more proficiency. I think they feel comfortable because it's someone that knows the same language as them. So I think that, that's another thing."

"Not just language, but like cultural understanding, like, you know, what are some cultural things that I need to know in order for me to have, you know, a proper rapport with this patient. I don't know how you would measure that outcome necessarily, but you know, just learning about it so that, you know, if you know, someone's from a certain country, then I could, you know, where things a certain way or address things a certain way so that you know how to do that."

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Characteristics of the HABLAMoS Program for Faculty and Residents

Participants would like to have simulations (comparable to the OSCEs for medical students). These simulations may help them to learn new vocabulary as well as to improve their confidence on speaking Spanish in a professional setting (including for those who were born in Spanish speaking households).

“Even if we, like myself, were born in a Spanish speaking household, we kind of struggle with properly pretending to speak as a patient or pretend to teach them how to properly ask the patients questions. And also it's kind of harder because even with diverse backgrounds, even in Latino or Hispanic cultures, like some times the way we ask questions are different. So that'll be more like interested in if we do it in a like a simulator thing, and we don't have to do like in campus before we can do like the video chat, right? Like how we do some of the OSCEs cases where we do breakout rooms and each break, everyone rooms with different patients. So I think that'll be pretty interesting.”

Online or virtual sessions for faculty and residents were perceived as the most effective for them, mainly because of the limited time they may have.

“This would help tremendously with time management for, you know, if you are in the hospital and I run a busy service, you have 10, 15 patients to see her in the morning. You want to see everybody and you're stuck, 20 minutes with finding a translator for one patient that's quite time consuming. So, I see a great advantage, not only for the care of the patient, but for the workflow of the resident or the, or the you know, faculty, you may not discuss everything in that five minute interaction, but it's way more efficient. So maybe even that type of scenario, I'm going in the morning to see my patients. And how do I ask about symptoms? How do I explain the basic plan for the day what's going to happen next?

“If someone comes in with chest pain, and I've done this with a translator next to me, just to test it out in the ER. Where if it's just chest pain, there are certain questions I could ask what, where it's yes and no. And I could actually use my phone as a translator and I could get through the actual counter, but I think the conversation's great too, but there are certain thing, I'm thinking just knowing English and Korean, which is my other language it's if I have a general idea of kind of certain words and things, I could get an sense of what's going on and then the details through the translator will get me kind of more of the differentials and what's exactly boiling on. So that is very important to manage. But what I find myself often as if I have five complete Spanish speaking patients, I say, “no, habla español”, I'm just waiting on the phone to get to a translator. And I think it just, for me, for myself beginner level, it would just be more efficient if I could do something within those five, 10 minutes. And then hopefully in the next several years, I be very proficient and be able to have a conversation, but that's for years to come.”

Findings for Faculty & Residents

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Challenges or Difficulties

Among the main challenges visualized by faculty and residents is the lack of time to practice Spanish in a medical setting.

"I think it just comes down to practice and time. I've tried to memorize certain phrases and, you know, I have it all ready to go. And then when the time comes, I either forget or I'm running short. And then I think the main problem with me even just learning on my own is that once the patients are speaking, I have no idea what's going on on just cause I don't know the language and then I'm okay, "Well I got to give patient care, so let's just stop everything and then we're going to go to the translator". So, there's a time issue as well. So... I listen to as much YouTube lectures and try to practice on my own, but I think it's just practicing. And even with my peers who speak Spanish, like they're not going to spend three hours with me trying to teach me or I'm trying to practice with [me]... So I think it just comes down to practice... I just have to find a way where I forced myself to practice more."

Faculty and residents expressed high motivations to enroll in the HABLAMoS program. From their perspective, this program will help them to have stronger ties with their patients. Participants shared the importance of not only learning the language but also to learn the culture and the values that their patients may have. These symbolic aspects were seen as key sources to improve the relationship with LEP patients.

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Steps taken to improve our HABLAMoS program

- Hold a two-day retreat
- Change the structure of the grammar lessons to include 50 minutes of instruction followed by structured conversation practice with native Spanish-speaking community member
- Create standardized curriculum for students in Year 2 of HABLAMoS, including 8 hours of Spanish versions of case- based learning taught by native spanish speaking physicians and and 6 hours of conversation practice with native Spanish speakers (community members and students at universities in Mexico)

In fall 2021, we moved to Phase 2 of the research project and conducted a cross-sectional survey and focus groups with HABLAMoS students and UCR clinical faculty and residents. In summer 2022, we will begin a longitudinal cohort study of HABLAMoS enrolled medical students and follow them over four years, which for some, will include into their residency program.

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Further Information

More information about the HABLAMoS Program– including how to replicate the program, please contact:

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Contact our Research Team

More information about the research and evaluation of the HABLAMoS program, please contact Dr. Evelyn Vazquez, evelyn.vazquez@medsch.ucr.edu.



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