

Understanding a Providers' Perspective on Patient-Centered Care for Non-Native English Speakers and Families Served at the Center for Disabilities and Development

Kelly Gerlich, M.A., Hianca Pinho, B.A.

University of Iowa Leadership and Education in Neurodevelopmental and related Disabilities (ILEND)

Purpose

Understand providers' perspectives and experiences regarding patient-centered care initiatives with diverse families in the Center for Disabilities and Development¹

1) how do providers apply and carry out current family-centered initiatives by the CDD?

2) what do provider-patient interactions look like for patients whose first language is not English and how does this impact family-centered care?

Methods

Single virtual focus group using semi-structured questions based on the Measure of Processes of Care for Service Providers (MPOC-SP), a self-assessment questionnaire that was adapted to focus group questions^{2,3}

Participants

5 providers from the CDD participated in this project

- 4 were patient care providers at the CDD from the following professions: Speech-Language Pathology, Social Work, and Psychology
- 1 was an interpreter/ translator through UIHC
- 2 participants were bilingual (Spanish/English)

Analyses

Qualitative thematic analysis was utilized to examine findings

Interpretation Modalities - Definitions

In-Person Interpretation Services

- Interpreters employed through UIHC who are available for interpretation during patient appointments, or during provider-to-patient phone calls.
- Languages through UIHC: American Sign Language, Arabic, Chinese, French, Gujarati, Hindi, Lingala, Spanish, and Swahili interpreters.

CyraCom Services

- Using clinic tablets, CyraCom connects with interpreters for dozens of languages and dialects for video or audio-only interpretation.

Translation Services

- Translation services through UIHC are available to translate written materials for patients. These services are typically utilized after an appointment has ended, with take-home materials being forwarded to patients later. Translation services are not utilized every time an interpreter is used.

Findings

1 Greater Benefits of In-Person Services

All participants in the focus group expressed a preference for in-person interpretation services, compared to CyraCom, if in-person was available.

- In-person allows for easier discussion regarding the patients observed behavior. If a provider is addressing behavior, physical state/movements, or other gestures a virtual interpreter may not be able to see or acknowledge what the provider is questioning.

- Virtual communication may be less reliable due to poor internet connection, or speaker overlap. When delivering important information or diagnoses, in-person conversations can be more efficient.

- Virtual services can have long wait times, especially for languages/ dialects that are less common. Longest wait time noted by a participant: 45 minutes for initial connection.

- In-person interpreters may be able to write down key notes or resource information for families to take home immediately..

2 Written Materials and After-Visit Summaries (AVS)

- After-visit summaries will print in Spanish or French, but not all personal information is translated

"They still get it [AVS] they just can't read it"

- CDD Provider

- Translation does not work well for uncommon diagnosis or terms

- Written materials are available in English and mostly Spanish.

"There is a risk of finding materials in their language that you can't even proofread yourself – to know if it is accurately reflecting the message you want to give versus the interpreter office you can trust." -CDD Provider

3 Culturally Appropriate Care

Participants informed that cultural differences are also observed when the patient's first language is not English.

- No-show patients may be linked to cultural beliefs regarding need for medical care and continuity of care, rather than linguistic barriers

- There may be a lack of trust between providers and patients due to linguistic barriers, especially when an interpreter is not available

- Negative experiences with communication may also lead to no-show appointments

- It is not preferred to have family members serve as interpreters; however, it may help build trust with provider. Interpretation office says that a family member must be 18+ to interpret

4 Concerns Regarding Loss-to-Follow-Up

- Messages through MyChart texts or voicemails are not typically in the patients' preferred language.

- Suggestion: *"Speak directly to the patient on the phone, with an interpreter, or send a letter with information in their preferred language."* - CDD Provider

- Some cultures may not place an emphasis on medical visits that are preventative or routine in nature and may not agree with standard "follow-up" or "monitoring" timelines. This can include therapy services that meet frequently (i.e., weekly, monthly) without a new concern being presented.

- Transportation and lodging can be an obstacle to all patients

Final Comments

- Interpretation services have significantly evolved in the CDD. Resources including CyraCom and interpreters provided by the hospital allow professionals to provide care to non-native English speakers

- The CDD's provider population has grown and become diverse, however, providers showed interest in hiring and retaining more bilingual providers

- Providers showed interest in having interpreters available prior to the start of an appointment to ensure all communication needs are met

- Participants expressed the need for fully, well-translated after-visit summaries for all patients regardless of their native language

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References

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