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Developing a Medical Spanish Curriculum to Decrease Barriers for Limited English Proficiency Patients

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To the Editor: One of the fastest-growing segments of the U.S. population is Hispanic individuals. The increasing size of this cohort is particularly relevant for health care providers, as about two-thirds of limited English proficiency (LEP) patients are Spanish-speaking. Language barriers between patients and their providers are linked to disparities including poor patient-physician communication, decreased patient-centered care, and difficulties developing trust. Efforts to address language-based health disparities have emphasized the need to increase the number of medical trainees and providers who are fluent in multiple languages.

In response to a demonstrated need and interest within the student body to expand our school’s medical Spanish curriculum options, and in concordance with new national efforts to standardize medical Spanish training, 3 medical students and a faculty member developed the Medical Spanish and Latino Health Certificate. This longitudinal program includes a didactic course that parallels the systems-based content delivered to first-year students, case-based sessions aligned with clinical rotations, a seminar series covering cultural components, and a mentored research or service experience focusing on Latino health. Upon completion, students should be qualified to provide language-concordant care to LEP patients, with an institutional bilingual health care provider certification.

As academic interest in health equity intensifies, we hypothesize that similar longitudinal programs will continue to be in high demand. Student efforts often drive the creation of such programs where they do not exist, with the potential to have a lasting impact on curricular education if designed sustainably. Thus, these authors encourage fellow trainees who see an opportunity to better serve LEP patients to seek out like-minded mentors, quantify the specific need, and use lessons learned from other institutions to build a program centered on the learner experience.
References


