

Abstract:

Development of Medical Spanish Curriculum in Primary Care Residency Program

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Background:

Language barriers contribute to racial and ethnic disparities in health outcomes for limited English proficiency patients, 66% of which speak Spanish. Language concordance between health care providers and patients improves communication and patient experience. The Northwestern McGaw Family Medicine at Humboldt Park residency serves patients at Erie Family Health Center in the Humboldt Park neighborhood of Chicago, where approximately 60% of patients are primarily Spanish speaking. The need for competent Spanish speaking providers here is evident.

Methods:

A multidisciplinary taskforce was created consisting of residents, faculty, an administrator, and a Spanish interpreter. Literature review was performed on medical Spanish curricula for residents. Starting 7/1/2018, interventions for residents were identified including a two-week intensive medical Spanish course, four-week international or domestic immersion rotation, bi-monthly didactic self-study time, a validated interactive online medical Spanish curriculum, and real-time evaluation and feedback by on-site Spanish interpreter during clinic. Effectiveness of these interventions was determined by subjective resident surveys and OSCE examination.

Results:

Following one year of participation in curriculum, residents identified a subjective improvement in medical Spanish proficiency. Residents found patient encounters the most valuable teaching resource. They also identified international immersion rotations and the intensive 2-week Spanish language orientation as valuable.

Conclusions:

Intensive orientation course, international electives and exposure to Spanish speaking patients are the most effective teaching tools. Ongoing curriculum development includes incorporating longitudinal Spanish language teaching into didactics and increasing accessibility of Spanish electives. Future directions include identifying an objective measure of Spanish proficiency to assess resident longitudinal improvement.