

Interacting with Limited English Proficient (LEP) Patients Beyond Just “Getting By”

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INTRODUCTION

According to the 2013 American Community Survey, approximately 25 million individuals in the US above age of five were identified as having limited English proficiency (LEP). The language barrier itself bars individuals from numerous opportunities. However, studies have found that in healthcare, LEP individuals often have worse access to care, comprehension, adherence, and satisfaction even with interpreter services. This project examines the additional barriers to interacting effectively with LEP patient and how those barriers can be minimized to provide better care.

RESULTS

The most common and unfortunate barrier to effective interactions with LEP patients is “time.” This leads to the phenomenon of “getting by,” used to describe when a provider uses either their limited foreign language skills or the patient’s limited English to gather just enough information to treat the patient’s illness, but not enough to understand the depth of the situation. This is common even in hospitals where interpreter phones and in-person interpreters are readily available.

METHODS

Data were gathered from literature review of studies and anecdotes regarding barriers to communicating between physicians and LEP patients. A guide below was then created on ways to combat these barriers.

Overcoming the Practice of “Getting By” when Interacting with Patients with Limited English Proficiency (LEP)

- **LEP patients:** patients who predominantly speak a foreign language
- **“Getting by”:** when a provider will use either their limited foreign language skills, the patient’s limited English skills, or the patient’s English speaking relative to gather just enough information to treat the patient’s illness but not enough to understand the depth of the situation.

Think about when you see a LEP patient during your initial encounter or when pre-rounding – do you try to gather information by “getting by”?

Why we do this: Most commonly, because there is not enough time. As residents we are unfortunately pressured to gather information as efficiently as possible given the list of other patients to be admitted, floor patients to manage, and endless “to-do’s” that just make waiting for an in-person interpreter or even using an interpreter phone not time efficient. **Why do you think you do this?**

How do patients feel about “getting by”: Patients frequently settle for suboptimal language services due to fear of being a burden or bother. For example, if a LEP patient was speaking with a provider who only has limited Spanish - enough to get the information across - the patient may not ask complicated questions or ask for clarification because they did not want to become a burden and take more of the provider’s time by requiring an interpreter. Even the patient thought that “getting by” was more efficient and polite.

What to do to overcome “getting by”

1. **Acknowledge** that “getting by” is unfortunately a very common practice. It likely stems from being overworked, exhausted, or burned out from having a high patient volume with limited time. However, you can change this mindset.
2. **Recognize** time invested upfront can save time later from providing better care. You may be initially rushed when obtaining the H&P and decide to “get by,” however inaccurate or incomplete information can lead to misdiagnosis and mistreatment. Similarly, if you don’t explain a concept well during discharge, there may be complications from medication misuse or loss to follow-up.
3. **Reassure** the LEP patients that working through an interpreter is difficult for both sides, however you are committed to understanding them completely and wish for them to ask as many questions and clarify as many points as needed. This will build a relationship built on the desire for real communication and for overcoming the language barrier together. Trust from the patient can influence many stages of patient care.

I hope that we will eventually take the time to use an interpreter whenever possible. As physicians, we have the responsibility to provide care beyond just “getting by,” and patients deserve to have equal care regardless of their language abilities.

RESULTS CONTINUED

In the inpatient setting, providers are often pressured to gather information as efficiently as possible amidst the list of other patients to be admitted, floor patients to manage, and endless to-do’s that make waiting for an in-person interpreter or even using an interpreter phone inefficient. Patients also frequently settle for suboptimal language services as well due to fear of being a burden from asking complicated questions for clarification - even the patients think that “getting by” is more efficient and polite.

DISCUSSION

Although “time” may not improve, the best way to combat this barrier is to acknowledge that the practice of “getting by” exists and to then change cognitively. Residents may feel rushed during the initial encounter, however if the resident fails to obtain accurate and complete history, it may lead to misdiagnosis and mismanagement later. Similarly, if the resident does not explain a concept well to a patient, there may be complications from medications misuse or loss to follow-up. The time invested upfront can save time later from providing better care. Therefore, we must be aware that, as physicians, we have the responsibility to resolve this issue as conscientiously as possible.