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Cover Page Footnote

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Enhancing patient-centered care for limited English proficiency patients through Tell Me More®: A student-driven initiative to explore the patient as a person and develop students' communication skills

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Abstract

Tell Me More® (TMM) is a medical student-driven initiative to build rapport between patients, students, and the healthcare team through patient interviews and collaboratively created posters. Patients with limited English proficiency (LEP) often experience impaired communication with providers. TMM has the potential to address the loss of patient-centered dialogue in interpreter-mediated communications. In this exploratory pilot study, we aimed to include LEP patients in TMM by using medical interpreter phones (MIPs) at Long Island Jewish Medical Center, Northwell Health. Our objectives were to: (1) evaluate the feasibility of this approach, (2) compare TMM engagement between LEP and English-speaking (ES) patients, and (3) document the impact of this initiative on the medical student. Following the standardized TMM interview structure, the student used the MIP to interview LEP patients about who they are as people beyond their illnesses. This expanded social history was transcribed to bedside posters to enhance patient connection with the healthcare team. At the end of interviews, patients rated TMM's impact on their hospital stay. Additionally, medical student reflections were recorded weekly. Our quantitative results from 12 LEP and 49 ES patients support significantly higher TMM participation for LEP compared to ES patients. Qualitative examination of student reflections suggests that TMM enriches medical education by promoting understanding of the LEP patient experience. Our results demonstrate that MIP-supported TMM is a feasible approach to enhance patient-centered care for LEP populations. Further research is needed to explore inclusion of LEP patients in patient-centered care initiatives such as TMM.

Keywords

Limited English proficiency, interpreter devices, medical education, student reflection, patient experience, patient-centered care, health disparities, communication skills, Tell Me More®

Background

Disparities in care of patients with limited English proficiency (LEP)

More than 67 million (22%) of United States residents over the age of five years speak a language other than English at home.¹ Of these individuals, more than 25 million reported having limited English proficiency (LEP), or speaking English less than “very well” according to US Census Bureau categories.¹ LEP is one of the primary contributors to racial and ethnic health disparities in the United States.^{2,3} Individuals with LEP, a population growing in number every year,⁴ often face difficulties obtaining health insurance,^{5–8} accessing medical services,^{9–13} receiving high-quality care with high patient satisfaction,^{14–16} and communicating with their healthcare providers.^{7,17–20} Furthermore, patients with LEP are more likely to have worse health outcomes than patients who are proficient in English.^{21–26}

To eliminate healthcare disparities experienced by individuals with LEP, policymakers have mandated the provision of language assistance services, such as professional medical interpreter services, in government-funded hospitals and clinics.^{3,27,28} Utilization of professional medical interpreter services has led to improved quality of care and health outcomes among patients with LEP.^{29–32} However, disparities in patient-provider communication for LEP versus English-proficient individuals persist even after decades of efforts by clinicians, researchers, and policymakers.¹⁷ In particular, interpreters tend to convey less patient-centered dialogue than what patients and providers directly express.^{33,34} Interpreter-mediated exchanges seem to include fewer emotional, psychosocial, and lifestyle content relative to biomedical content.^{34,35} This loss of emotional connection and patient-centeredness in interpreted encounters may compromise mutual trust,³⁶ collaborative decision-

making,^{37–39} patients’ overall experience of care,^{40,41} and thus patients’ engagement with and adherence to treatment.^{42–44}

In addition, formal training on how to care for patients with LEP is not uniformly available across medical education programs.^{45,46} Due to underutilization of interpreters and limited self-efficacy in delivering care to LEP patients, trainees and providers have highlighted a need for more formal training on working with interpreters.^{47–50} While a number of programs have trained medical students to work with medical interpreters,^{51–54} medical education has afforded little attention to the loss of patient-centered and empathic dialogue in interpreter-mediated communication. One exception is a program implemented by Penn State College of Medicine that provided medical interpreter and cultural competency training to bilingual medical students that effectively increased students’ self-reported measures of empathy and humanism.⁵⁵

However, to our knowledge, no studies with LEP patients have explored student-driven initiatives to collect patients’ expanded social histories with interpreter support. This is especially important considering that patients with LEP not only report distrust in the medical system and challenges in communicating their medical needs and understanding their treatment plans,^{56,57} but also have limited non-clinical social interactions with hospital staff and are more likely to experience social isolation in the hospital.⁵⁸

The Tell Me More® (TMM) model

Tell Me More® (TMM) is a medical student-driven initiative licensed by the Arnold P. Gold Foundation to build rapport between patients, students, and the healthcare team through patient interviews involving

expanded social histories and collaboratively created posters. The TMM program was created in 2014 by members of the Gold Humanism Honor Society (GHHS) chapter at the Icahn School of Medicine at Mount Sinai to celebrate National Solidarity Day for Compassionate Patient Care, and it has since been offered to over 85 GHHS chapters and health care systems in the United States and Canada. In the TMM model, a member of the patient’s care team uses a list of open-ended questions from a poster template developed by the Gold Foundation to learn more about the patient as an individual beyond their diagnosis by exploring the patient’s strengths, values, aspirations, hobbies, and personality (Figure 1). These prompts are designed to help facilitate meaningful dialogue and active listening between the patient and interviewer and often lead to deeper conversations. The interviewer and patient are encouraged to work together to personalize the TMM poster template, adding other details the patient would like their care team to know. The completed poster is then displayed in a highly visible spot in the patient’s hospital room, allowing for them to be known beyond their illness. It also allows for clinicians and staff to understand and connect with the patient at a personal level. The initial TMM project at Zucker School of Medicine at Hofstra Northwell was conducted in the summer of 2016, and data from this project were published in 2018.⁵⁹

Past studies of TMM have shown that TMM projects have the potential to increase patient-provider connection, decrease healthcare team burnout, as well as enhance the medical student educational experience.^{59,60} We believe TMM is well designed to address not only the reduction in patient-centered dialogue, connectedness, and trust during language-discordant encounters, but also support medical education on communicating with LEP populations.

Figure 1. Tell Me More® poster template. Provided by the Arnold P. Gold Foundation, the TMM poster template features three blocks for patients and the interviewer to complete together. Each block focuses on each of the following questions: “How would your friends describe you?”; “What are your strengths?”; and “What has been most meaningful to you?”



However, previous TMM initiatives were offered only to English-speaking (ES) patients.⁵⁹

Study objectives

In this exploratory pilot study, we aim to include hospitalized LEP patients in TMM by using medical interpreter phones (MIPs). The objectives of our study are to: (1) evaluate the feasibility of this approach, (2) compare TMM engagement between LEP and ES patients, and (3) document the impact of this initiative on the medical student.

Methods

Study setting

This study was implemented over 6 weeks by a second-year medical student on a medicine teaching floor at Long Island Jewish Medical Center (LIJMC), Northwell Health. LIJMC is located in Queens, New York, the most ethnically diverse urban region in the world.⁶¹

Participants

Over the course of the program, clinical staff would recommend patients who were admitted to the floor and met the following inclusion criteria for program participation: awake, cooperative, and verbally fluent in English or another language. Patients were not recommended for participation if they were going to be discharged on the day of the TMM interview or if they were determined by clinical staff as uncooperative (e.g., agitated or endangering student safety). The student was not a member of the healthcare team yet was encouraged to attend daily rounds to gather updates on patient status and medical condition.

LEP status was determined by the medical student. LEP patients were defined as patients who requested use of

MIPs to complete the majority of their interview. ES patients were patients who completed the interview in English without use of MIPs.

Instrumentation

The MIP utilized in the study was a pre-existing telephonic language interpretation service at LIJMC provided by Pacific Interpreters, Inc. The service was accessed on the medical student’s mobile device.

Data collection

Patient interviews

The TMM interviews were conducted in each patient’s hospital room. With supervision from a nurse manager lead, patient experience culture leader, and/or clinician, the medical student initiated each conversation by asking whether the patient would like to use the MIP before providing a short self-introduction. The MIP was used for the interview process upon patient request. The interview would then be conducted following an interview script modified from previous TMM projects⁵⁹ (supplemental material provided upon request).

The student explicitly obtained verbal consent three times along the interview process: (1) to proceed with the interview after the introduction, (2) to create the TMM poster after the initial conversation, and (3) to display the poster in the patient’s room to encourage their clinical team to get to know the patient as a person and not just an illness with symptoms. If the patient refused to participate at any point, the encounter was brought to a natural close. The student documented the patient’s reason for refusing an interview.

Depending on the patient’s preference, the TMM poster was completed either by the student with the patient’s input, collaboratively by both the patient and the student,

Figure 2. Tell Me More® posters. Figures 2a and 2b present posters created by two patients with limited English proficiency in collaboration with the medical student. Figures 2c and 2d present posters created by two English-speaking patients in collaboration with the student.



or solely by the patient. Posters for LEP patients included phrases in both English and the patient’s native language. Each poster was documented through photography (Figure 2).

To close the interview, the medical student asked each ES and LEP patient to rate the conversation’s impact on their hospital stay on a five-point Likert scale (1=*no or negative impact*, 5=*strong, positive impact*).

Student experience

Each week, the student reflected on their experience through personal journaling, providing commentary on the patient experience, developments in the student-patient relationship, and interactions between the student and the healthcare team.

Data analysis

Patient data

A total of 61 patients who met inclusion criteria were approached for an interview. Of those patients, 49 were ES and 12 were LEP. The Mann-Whitney U test was used to compare LEP and ES patients’ self-reported ratings of the impact of the TMM interview on their hospital stay.⁶² Chi-squared tests were used to compare participation rates between LEP and ES patients at each stage of the TMM program.⁶³

Qualitative analysis of student experience

Six weekly journal reflections were submitted by the medical student over the course of the six-week experience. Another member of the research team analyzed these reflections for case examples highlighting

the TMM experience for LEP patients and TMM’s impact on the student.

Ethics

The Institutional Review Board (IRB) of Northwell Health approved this study (#HS16-0408) and granted it an exempt status as per 45 CFR 46.101.

Results

Incorporating hospitalized LEP patients in TMM

Utilization of MIPs

Of the 12 LEP patients invited to participate in TMM, 12 verbally consented to participate and were successfully interviewed using the MIP. Figure 3 provides an overview of the languages spoken by LEP patients who participated in TMM with MIP support. Facilitated by the MIP, eleven of these LEP patients also agreed to prepare a TMM poster following their interview.

Comparison of participation rates between LEP and ES patients

A total of 33 out of 49 ES patients invited to participate in TMM agreed to participate. Of those 33 ES patients, 30 provided a rating for the impact of the interview on their hospital stay. Their self-reported ratings ranged from 4 to 5 ($M=4.93, SD=0.22$).

All 12 LEP patients invited to participate in TMM agreed to participate. Of the 12 LEP patients who participated in a TMM interview, nine provided a rating for the impact of the TMM interview on their hospital stay. All nine LEP patients rated the impact of the interview on their hospital stay as 5. There was no significant difference between LEP

Figure 3. Diversity of language spoken by LEP patients in Tell Me More®. Six languages were represented in this exploratory pilot study, highlighting the utility of the medical interpreter phone.

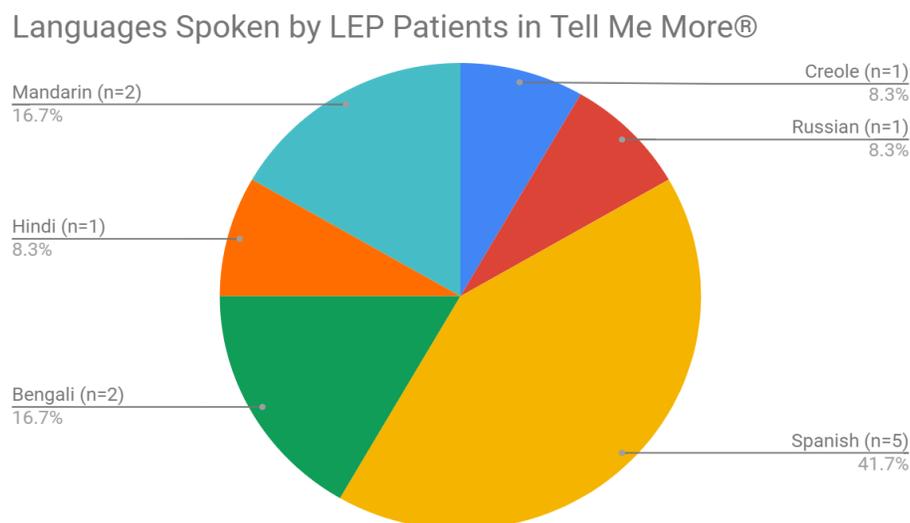
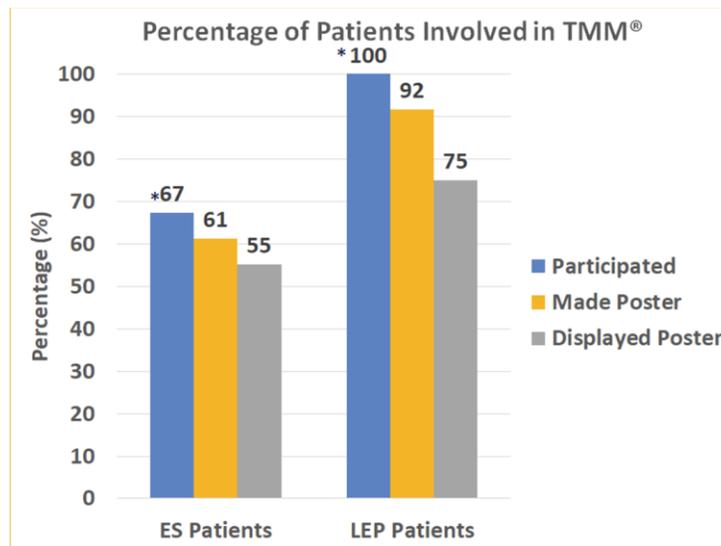


Figure 4. Percent of total English-speaking and limited English proficiency patients involved in Tell Me More®. 67% and 100% of ES and LEP patients, respectively, agreed to participate in the TMM interview. 61% and 92% of ES and LEP patients, respectively, agreed to make a poster for TMM. 55% and 75% of ES and LEP patients, respectively, agreed to have their TMM poster displayed in their hospital room. Significant differences are marked with an asterisk (*).



and ES patients in the self-rated impact of TMM on hospital stay ($U=121.5, p=0.66$). Compared to ES patients, LEP patients were more likely to participate in TMM ($\chi^2(1)=5.312, p<0.05$; Figure 4). Among LEP and ES patients who agreed to participate in TMM, there was no significant difference between the number of LEP and ES patients who consented to the creation of a TMM poster ($\chi^2(1)=0.006, p=0.937$), or between the number of LEP and ES patients who consented to displaying their TMM poster in their hospital room ($\chi^2(1)=0.503, p=0.478$). Figure 5 summarizes

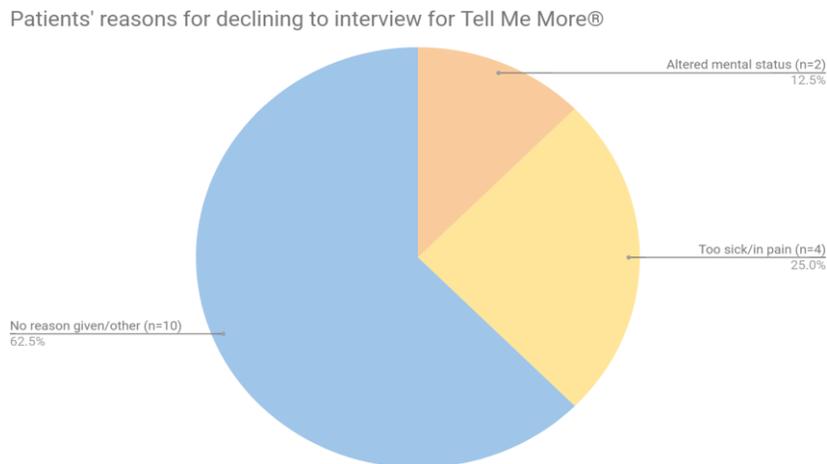
patients’ reasons for declining to participate in the TMM interview.

Student journal reflections

Student reflections of LEP patients’ experiences in TMM

Provided below are two case examples identified from the medical student’s journal reflections which illustrate the experiences of LEP patients who participated in TMM, particularly the uncertainty while facing barriers to healthcare access, such as immigration status, language and cultural differences, and the need for advocacy to address

Figure 5. Eligible English-speaking and limited English proficiency patients’ reasons for declining to participate in a Tell Me More® interview. Of note, no LEP patients declined to participate in a TMM interview.



the healthcare disparities and challenges experienced by LEP patients.

- (1) Uncertainty characterized the hospital experience of C.G., a patient from Guatemala who spoke primarily Spanish. His healthcare team was “worried about where they could discharge him” since “he was undocumented, so not qualified for the continuation of care [and social services] that he needed.” After learning from the patient’s TMM interview that “he has a sister and a daughter who live[d] in New York,” the student “spoke up for the first time at rounds” to inform the team “that there were people they could perhaps call for him.” This information expedited the patient’s discharge from the hospital.
- (2) For J.B., a young woman from Bangladesh who “moved to the US a month ago so she knew almost no spoken English,” language discordance between her and the healthcare team resulted in considerable uncertainty in her interactions with the team, highlighting the need to bridge linguistic gaps in order to provide safe, effective care to LEP patients. Because “her husband was the one who had translated [all] of her symptoms to her doctors [without the use of the MIP] it seemed [like] she was speaking solely through her husband’s voice.”

Impact of TMM experience on student

Below are two case examples from the medical student’s reflections portraying the impact of the TMM experience on the student interviewer, particularly the student’s change in understanding of themselves and others, and the student’s growth as a patient advocate. Provided below are supporting quotes drawn from the student’s reflections of the encounters with C.G. and J.B. which demonstrate shifts in the student’s perspective:

- (1) The student’s reflections of working with C.G. reveal that their consideration of his health and well-being broadened to include that of his family members. After volunteering information about this patient’s relatives during rounds, the student reflected on the consequences of their words: “I wonder...I worry. [Was] his family also undocumented? Did I get them in trouble? Did I say too much?”
- (2) While working with J.B., the student reflected on their own positionality and biases related to gender roles. When J.B. mentioned that she relocated to become “a good housewife” for her husband, the student initially noted, “[P]art of me who had grown up in Western culture rebelled against taking pride in being [a] stay-at-home wife who was dependent on her husband.” The student “found out that not all [their] preconceptions of [the patient] were true” after learning during the TMM interview that the patient “valued education” and “was a student” in Bangladesh. Further contributing to this perspective change was the student’s subsequent encounter,

where the patient was eating a homemade meal from her mother-in-law. This allowed the student to realize that the meal may indicate “the husband’s, and the husband’s family’s, respect towards this young girl.”

Discussion

The quantitative and qualitative results from our exploratory pilot study demonstrate that MIP-supported TMM is an implementable approach to help eliminate the gaps in providing humanistic care to patients with LEP. The diversity of languages encountered (six different languages, see Figure 3) emphasizes the necessity of MIP use. MIP use enables LEP patients, who experience worse clinical outcomes and receive lower quality care than ES patients,⁶⁴ to participate for the first time in a humanistic, patient-centered program. TMM has been previously shown to personalize and enhance the ES patient experience,⁵⁹ thus MIP-supported TMM has the potential to address the loss of patient-centered communication in language-discordant encounters.

Implications of MIP-supported TMM for LEP patients

In this pilot, MIP-supported TMM enabled patients to actively participate in their care and encouraged the healthcare team to provide person-centered care beyond diagnosis to the individual patient. For some LEP patients, MIP-supported TMM presented an opportunity to exercise their autonomy. LEP patient autonomy is often compromised when patients do not feel comfortable asking for clarification on a diagnosis or laboratory findings,⁶⁵ or when patients rely on a family member to serve as an interpreter.⁶⁶ For instance, J.B. had initially relied on her husband to serve as an *ad hoc* interpreter, although it was unclear whether she had done this due to cultural norms or to a lack of understanding of her patient rights to an interpreter.⁶⁷ However, J.B. used the MIP to first communicate her symptoms and concerns before beginning the TMM interview. Patient J.B. also found her own voice through TMM, sharing with the student interviewer not only her symptoms, but also her experiences growing up in Bangladesh and adjusting to life in the United States.

Even with the support of medical interpreters in patient-provider encounters, interpreter-mediated communication tends to feature more biomedical than personal/emotional content.^{33–35,68} By presenting opportunities for patients with LEP to share their life experiences, interests, and hobbies, the incorporation of MIPs in TMM may help reduce this social isolation as well as counteract the loss of personal and emotional information during translation. The TMM posters also provide a readily available visual summary of the patient’s unique qualities and strengths as a person, thus serving as a nonverbal form of

communication to bridge the language discordance between LEP patients and their providers. Notably, we observed significantly higher TMM participation rates for LEP versus ES patients. This finding may suggest that there is a greater need for clinical teams to connect with LEP patients, who often feel overlooked, silenced, and alone in the hospital.^{58,69} Further investigation of the reasons for increased LEP participation is warranted. Although not evaluated in this pilot, it is possible that LEP patients may feel compelled to participate in TMM when approached by the medical student. This reluctance to say no to the opportunity may be due to a desire to use the MIP, fears of disapproval from healthcare professionals,⁷⁰ concerns about seeming like a “problem patient”,^{71,72} or worries about being a burden to staff or on the healthcare system.^{69,73}

There is also a need to distinguish between language versus cultural influences on LEP patient participation in TMM. In this study, LEP patients were defined as those who requested for and used MIPs for the majority of the TMM interview; ES patients completed the interview in English without MIPs. Given these criteria, patients who did not speak English as their primary language but were fluent enough in English to complete the interview without MIP were also considered ES patients in this study. Separate consideration of these patients as a third group compared to LEP and ES patients may help elucidate whether cultural or language differences have greater influence on LEP patients’ decisions to participate in TMM.

Implications of MIP-supported TMM for medical education

Findings from our pilot study indicate that a medical student-driven, medical interpreter-supported program that emphasizes the personal stories of LEP patients is feasible. Over the course of implementing the MIP-supported TMM program, the student experienced roles of patient liaison and advocate, mediating interactions between the patient, medical interpreter, and the healthcare team. For example, the student was able to communicate to the healthcare team the needs expressed by C.G. in their TMM conversation. Additionally, the student exhibited self-reflection in their journal entries, as they examined how their beliefs, words, and actions shaped these encounters with LEP patients and their families. Further exploration of the MIP-supported TMM program may help fill gaps in medical training and care for linguistically and culturally diverse patients.

Practice implications and future directions

We developed a medical student-driven initiative to build rapport and trust between LEP patients, medical students, and the healthcare team through interpreter-mediated patient interviews and collaboratively created posters. Participation rates were significantly higher for LEP than

ES patients, suggesting the need for more in-depth evaluation of TMM’s role in LEP patient care. Student reflections also indicated that the initiative has potential to not only promote patient autonomy and patient-centered care for LEP patients but also enhance cross-cultural medical training.

Limitations to our study are characteristic of most pilot studies, including the need for reproducible results with larger sample sizes and more nuanced analyses of TMM’s impact on the LEP patient experience. In this exploratory pilot study, one medical student conducted all of the TMM interviews with LEP and ES patients; future studies including additional students are needed to evaluate the generalizability of educational benefits gained from implementing interpreter-supported TMM. In this pilot, the overall self-rated impact of TMM on hospital stay among both LEP and ES patients was positive. This single rating scale, however, could not sufficiently nor comprehensively capture the ways and extent to which TMM positively impacted LEP versus ES patients. Sociodemographic data, with the exception of participants’ primary language, were not collected in this pilot but should be included in future efforts with LEP and non-LEP patients to more comprehensively define patients’ multifaceted identities, monitor sociodemographic differences in the impact of TMM on patient experience, and delineate the complex interactions between language proficiency, race/ethnicity, gender, and other sociodemographic characteristics in disparate barriers to equitable care and disparate health outcomes. Future applications of interpreter supported TMM should also consider the time investment required of participating students. MIP-supported conversations between the student and LEP patients in this pilot could sometimes take as long as four hours, compared to ES interviews that typically lasted two hours. However, we believe the potential benefits of TMM for LEP patients, a persistently marginalized population, outweigh this time cost.

Additional considerations include the incorporation of different professions and interpreting modalities. The format of this initiative makes it especially well-suited for medical students at the beginning of their clinical training, who have more time available to build relationships with patients.⁵⁹ In fact, the structure of interpreter-supported TMM could be easily adapted to include high school, college, volunteer, and/or pre-health and other health professions students to foster an earlier appreciation for the challenges LEP patients face to access and receive quality care. In addition, compared to telephonic interpreting, in-person and video interpretation services could help increase intimacy and have been rated more favorably among providers and interpreters,⁷⁴ though expansion to other interpreting modalities must be balanced with resource allocation.

By simultaneously engaging medical students, LEP patients, providers, and medical interpreters, this team-based initiative serves as a promising practical strategy to address healthcare disparities confronted by LEP patients. The reproducibility of TMM with ES patients has been previously demonstrated.⁵⁹ The present pilot study demonstrates that the inclusion of LEP, in addition to ES patients, in the TMM program is feasible with the support of medical interpreter services, and therefore future iterations of the program should include both ES and LEP patients. LEP should not be an exclusion criteria for future TMM projects.

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