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PRACTICE GAPS

Providing Appropriate Patient Education Materials for Non-English-Speaking Patients

Many dermatologists are seeing an increasingly diverse patient population, including non–English-speaking patients from a wide variety of cultures. Communicating with and providing appropriate patient educational materials for these patients can be challenging. Even though a sixth to eighth grade reading level is recommended, most health information (oral and written) is presented at much higher grade levels. In this article, Hernandez et al point out that medical information is often not understandable for many patients, even with translation available. This is especially true for first-generation immigrants and Hispanic elders. As our population becomes more diverse, this challenge is likely to grow.

A key finding by Hernandez et al is that 56% of non–English-speaking patients prefer that doctors explain materials to them prior to completion of their visit. This places a premium on the relationship between the dermatologist and the interpreter. Untrained interpreters such as family members, friends, and children are all prone to errors. Errors of omission, addition, volunteered opinions, and substitutions can jeopardize the outcome of the patient’s visit. High-quality medical interpreter services should be used whenever possible and are critical to improving communication. The interpreters themselves can play an important role in making physicians aware of potential misunderstandings, provide some insights into the culture and norms of the patient’s country of origin, and help physicians adapt to the communication styles of patients.1

Dermatologists can also use good basic communication strategies such as slowing down, using plain language, actively listening, and displaying curiosity. Evidence-based health literacy techniques such as “teach back,” which involves asking the patient to explain the diagnosis and treatment plan back to the physician, can help to ensure understanding. Finally, materials are needed that are culturally and linguistically appropriate and developed at a level that the patient can understand. Special training programs in health literacy and cultural competency are increasingly available for physicians. New Joint Commission standards on health literacy and cross-cultural communication may lead to improvements in availability of cross-cultural patient educational materials and training opportunities for health professionals.

A principal barrier to effective cross-cultural communication may be access to effective medical interpretation. Only about half of those who need professional medical interpretation can obtain it.2 There are a number of reasons for this. These services can be expensive and, in a climate where medical costs are increasing, making the case for expenditures on translation and interpretation services may be difficult. Time is often a barrier as well. It takes longer to see a patient with an interpreter, and detailed explanations may be cut short. In addition, few state health care programs provide coverage for interpreter services. Finally, there are few standards for medical interpreting, and the quality of interpreter services can vary greatly.

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