

Field Report

How to Request and Use an Interpreter: A Lesson Plan for ELL Classrooms

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Abstract

Not all non-native English speakers (NNES) know they have a federal right to a Qualified Medical Interpreter (QMI), at no cost, when seeking health care at a medical facility that accepts federal funds like Medicare and Medicaid. We developed a lesson plan and video on interpreter rights and use of an interpreter for English Language Learning (ELL) programs. Faculty of the Intensive English Program, along with grant researchers, created, implemented, and evaluated a mini lesson and video to address this critical language need related to accessing health care. The goal was to provide NNES at all English language proficiency levels with the tools they need to obtain appropriate in-language care through a QMI, especially in emergency situations.

Keywords: English Language Learning programs, qualified medical interpreter, non-native English speakers, lesson plan

Over 40 million U.S. adults speak a language other than English at home (U.S. Census Bureau, 2022). When seeking health care, non-native English speakers (NNES) often face miscommunication, misdiagnoses, treatment errors, and poor health outcomes because they do not speak the same language as their health care providers (Al Shamsi et al., 2020). Health care facilities that receive federal funds (e.g., Medicare, Medicaid) are legally responsible

for taking appropriate and reasonable steps to ensure their patients have a qualified medical interpreter (QMI) (National Health Law Program, n.d.). However, QMIs are not always available or used by health care facilities. Sometimes patients bring informal interpreters with them (e.g., a family member or neighbor) and decline a QMI, or the health care facility has no access to QMIs and uses an informal interpreter (Zendedel et al., 2016). Using a QMI

to facilitate communication between health care providers and patients is the gold standard; when a QMI is used, NNES report better satisfaction, more appropriate use of health care services, and better clinical outcomes (Heath et al., 2023). Research shows that NNES experience overall better health outcomes when they can communicate in their first language when interacting with health care providers (Diamond et al., 2019).

Almost 40% of the 1.1 million adults enrolled in federally funded adult education programs in the 2022–2023 program year were enrolled in English Language Learning (ELL) Programs (National Reporting System for Adult Education, 2023). ELL programs provide a unique opportunity to teach practical skills as well as help with cultural integration and understanding. Georgia State University (GSU) runs two ELL programs. The first is the Intensive English Program (IEP), which provides intensive academic English to local and international students who wish to continue their studies at either the graduate or undergraduate level. The program has served thousands of students and is a skills-based program that prepares students for academic success. The second program is the Community English Program, which offers both basic English for daily living as well as some academic English courses, addressing the unique needs of hundreds of local immigrant and refugee students who are balancing studies, work, family, and adjusting to life in a new culture and language. This project focused primarily on the Community English Program.

Purpose

Not all NNES know they have a federal right to a QMI, at no cost, when seeking health care at a medical facility that accepts federal funds like Medicare and Medicaid. In our recent study, 40% of 477 multi-lingual NNES surveyed (Spanish, Dari, Bengali, Pashto, Arabic, French, Karen, Amharic, Burmese, and Swahili) did not know they had a right to a QMI. As part of an Office of Minority Health Promoting Equitable Access to Language Services (PEALS) grant initiative, the faculty of GSU's IEP and Community English Program, along with grant researchers, created, implemented, and evaluated two lessons on knowledge and use of QMIs within a broader 10-lesson health care lesson plan to address this critical language need. The overarching goal was to provide NNES with the tools

needed to obtain appropriate in-language care through a QMI, especially in emergency situations. Research has consistently shown language proficiency and access to interpreters correlates highly with better health outcomes (Twersky et al., 2024; Wiles et al., 2023).

Prior to this project, the GSU language programs did not include health topics in their curriculum. There are some published health-related ELL curricula, such as the “Project SHINE ESL Health Units” that cover such topics as office visits, heart disease, nutrition, and medications (Center for Intergenerational Learning, 2008). But to the best of our knowledge, there is limited curricula that include teaching NNES about their right to a QMI in health care, how to ask for a QMI if one is not offered, or how to work with a QMI. Our grant initiative provided faculty with an opportunity to create a set of health care lessons that includes learning what a QMI is and how to use one. Using a QMI serves an important role by enabling communication, helping providers determine a patient's level of understanding, empowering patients to ask questions, and acting as a cultural broker (Suarez et al., 2021). Power inequities exist in the patient-provider relationship and can make establishing the patient's legal rights more challenging (Pavlenko et al., 2020). In addition to understanding the complexities of the U.S. health care system, there is a need to understand legal rights. Teaching NNES about legal rights can be challenging, but by incorporating it into curriculum, it can increase self-efficacy to obtain rights (Pavlenko et al., 2020). Research shows using a QMI can improve clinical outcomes, as trained interpreters make fewer errors compared to informal interpreters (e.g., family members, friends), which can result in reduced miscommunication and improved patient safety and outcomes (Habib et al., 2023).

Procedures

Faculty and researchers toured a local not-for-profit safety net hospital's Emergency Department (ED) that prioritizes care for the poor and underserved. In 2022, the hospital served 11,983 NNES who spoke 69 languages. We saw the multiple steps patients go through when seeking care in the ED. Patients needed to complete several forms, including a certification identification form if they did not have acceptable identification and a consent for treatment form. In addition, the registrar spoke with the

patient in English to document the patient's preferred language during check-in. Most ED documents during ED check in are available in English and Spanish; however, an interpreter is needed for all other languages.

An instructor with experience in English as a second language and English as a foreign language (ESL/EFL) and materials development created 10 lessons on health care issues (e.g., English in emergency rooms, how to request a QMI, English in pharmacy/medicine contexts) using existing curricula and findings from our ED tour. The two QMI lessons focused on requesting and using an interpreter and were strategically placed midway through the semester: after lessons on communicating in emergencies and before lessons on pharmacy/medicine. This field report focuses on these two QMI lessons, which focus on learning relevant vocabulary, discussing how students communicate with providers, and practicing dialogue/role plays to request an interpreter when entering a health care facility.

The researchers created a two-minute in-language video on interpreter knowledge and access (<https://tinyurl.com/QMIVideo>) to include as part of the QMI lessons (Diabetes Clarkston, 2024). This video was created in early 2022 as part of the PEALS grant initiative and was disseminated broadly throughout the NNES community. For NNES who have limited reading skills in either English or their home language, watching a video may help provide equitable access to the material. The video script was written using plain language and health literacy guidelines (e.g., use simple words and phrases, write for your audience, use active words) to ensure it was understandable, actionable, and responsive to the audience's cultural and linguistic makeup (Shoemaker et al., 2014). The video was translated into 12 different languages, reviewed with community members for cultural appropriateness, and back-translated to ensure accuracy.

Implementation

The full 10-part health care lesson plan was taught in fall 2023 to three Community English classes that focus on basic English for daily living. There were 30 students speaking Dari, Pashto, and Spanish; three different teachers taught the classes and shared the video as part of the lesson plan. The video was also shown to 33

students in a level 3–5 Oral Communication course of the IEP in English only (these students have higher English level proficiency, and faculty requested English-only videos). These IEP students were emailed the video using a Qualtrics survey link to watch outside of class.

Evaluation

We evaluated the interpreter lessons with a pre- and post-survey. A research team member attended Community English class sessions to invite students to voluntarily participate in the evaluation study. All students would receive the two lessons and video even if they chose not to participate in the survey. The survey consisted of two multiple-choice questions: one about federal language access rights (correct answer: there are federal laws against language discrimination for non-native English speakers when they come to a hospital to get health care) and the other about what having the right to an interpreter under federal law means (correct answer: a qualified medical interpreter must be offered at no cost to the patient). The survey allowed us to determine students' knowledge before and after delivering the educational materials.

Surveys printed in Arabic, Dari, French, Pashto, Spanish, and Swahili were distributed and collected during scheduled Community English class sessions by a research team member. Teachers assisted with scaffolding, so students understood how to complete the surveys. Students in the IEP classes accessed the survey on Qualtrics and completed them electronically in English. A total of 54 Community English and IEP students completed both the pre-survey and post-survey. Before participating in the video and lesson, only 32.5% of students knew there were federal laws against language discrimination for NNES when seeking care at a medical facility; this improved to 53.7% after the lessons. Only 64.9% knew that having a right to a medical interpreter under federal law means a QMI must be offered at no cost; this improved to 70.4% after the lessons.

Lessons Learned and Next Steps

Teaching awareness and use of QMIs is a critical part of improving health care access, health outcomes, and health equity for NNES. As part of the PEALS initiative's long-

term goal of expanding knowledge of federal language policies within NNES communities, the 10-part health care lessons (including the two QMI lessons) were created as Open Educational Resources (OER), licensed under Creative Commons for open use and modification to fit local needs. . The lesson plan can be found at <https://education.gsu.edu/research-outreach/alrc/alrc-resources/>.

The lesson plan proved too complex for students at lower English language proficiency levels and needed some adaptation. Many of the instructional materials required visuals and scaffolding to ensure students understood the scenarios and contexts in which they could apply the skills they were learning. For example, prior to discussing the process of placing a 911 call, it was essential for students to understand the concept and purpose of 911. Similarly, before addressing the completion of medical forms, students needed foundational knowledge of insurance, Medicare, and Medicaid. As a result, a companion

workbook was incorporated into the course to assist lower-level English students in practicing vocabulary, grammar, reading, and writing within medical contexts.

Another significant challenge was ensuring that the content did not retraumatize students with backgrounds of forced migration. During lesson implementation, one instructor collaborated with a master ESL/EFL teacher to review the content for potential triggers and modify it to make it more appropriate. For example, instead of using a scenario involving a high-stakes emergency when teaching about 911 calls, the example was a non-life-threatening allergy symptom accompanied by a reassuring photo indicating that the situation was resolved safely.

Overall, we found implementing the lesson plan and video to be beneficial as students' knowledge and awareness about their rights increased. We plan to continue using the lessons and video in future courses and to modify the materials as needed to meet the needs of our students.

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