



Building a new Spanish Elective in CUSOM Trek Curriculum: Spanish Acquisition Begets Enhanced Services (S.A.B.E.S.)

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Introduction

- Language and culture barriers create significant challenges for a meaningful patient-physician relationship
- Studies show that patients with limited English proficiency (LEP) are more likely to have adverse healthcare outcomes
- Despite emphasis on diversity, equity, and inclusion within medical education, there are no official guidelines to integrate medical language proficiencies curriculum in non-English languages

Purpose

- With the turnover of the CUSOM curriculum, there is no longer a medical Spanish elective available for students
- Given the changes in structure the old Spanish elective model will not fit into the new curriculum model
- Our goal is to build an improved medical Spanish elective that fits into the new Trek Curriculum

Patient Impact

Patients with limited English proficiency encounter significant difficulties in navigating the healthcare system. Studies found that patients with limited English proficiency:

- Are less likely to understand discharge instructions from the emergency department and are less likely to receive preventive services at time of hospital discharge, including necessary follow-up appointments
- Have higher rates of 30-day hospital readmission rates
- Are more likely to miss routine screenings with primary care

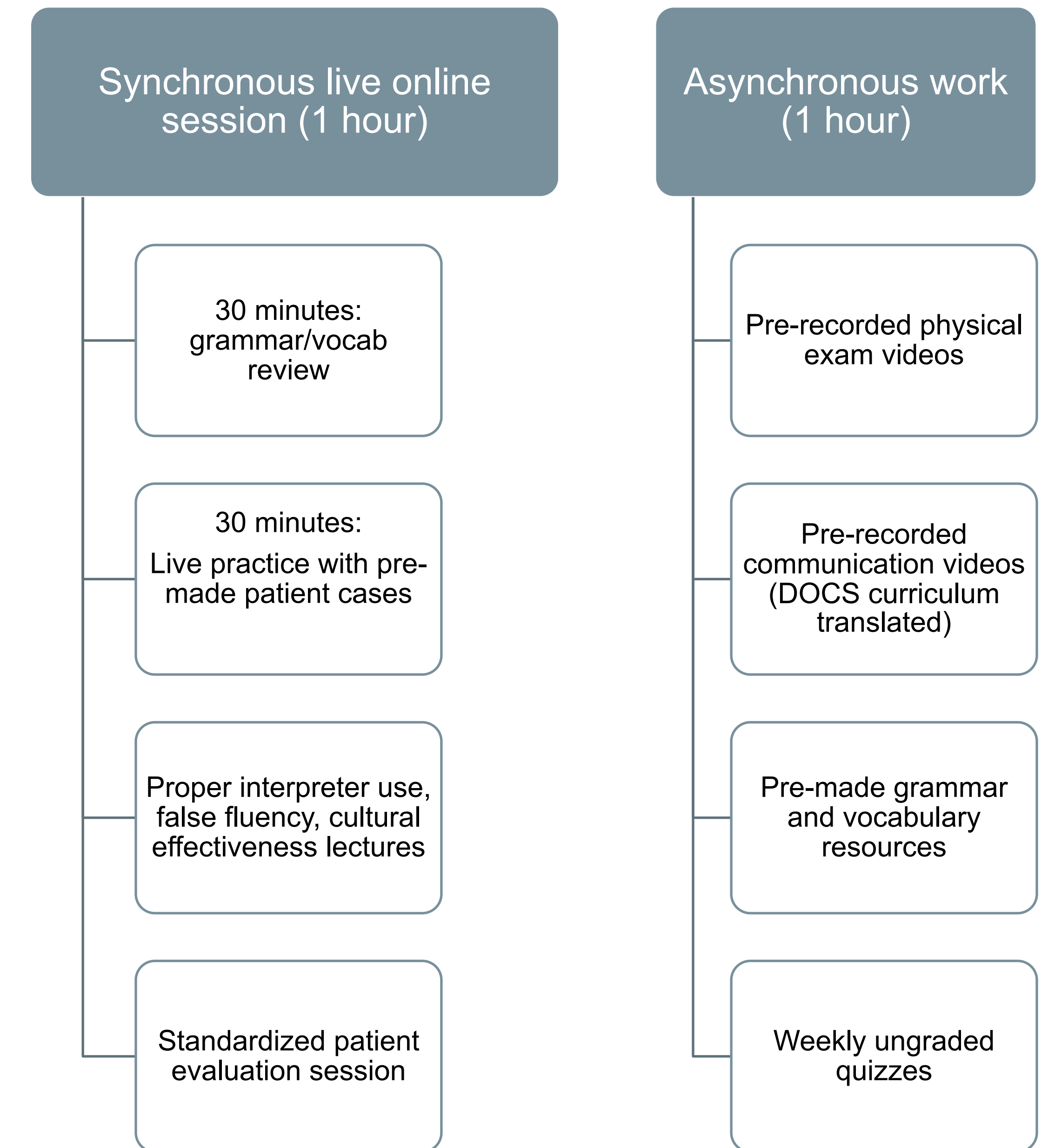
Even in the setting of proper interpreter use, physicians are less likely to obtain full patient histories, more likely to overlook mental illnesses

Core Curriculum

In 2018, a Medical Spanish Summit composed of 27 expert panelists convened to develop national recommendations for standardized medical Spanish education. In 2021, a study in New England Journal of Medicine evaluated the essential elements of effective medical Spanish curricula. Below are the compiled recommendations from each group.

Core Components	
1. Formal Curriculum	Should be offered as an elective AND for credit Should not consist of extracurricular groups
2. Faculty educators	Can be clinicians or non-clinician trained individuals with language training Students-leaders can/should participate but not as sole educators
3. Course Structure (organ systems, interview or problem based)	Interview based – best for students with no prior clinical experience/training (i.e. pre-clinical students) Organ systems – best for students with clinical training Problem based – best for multidisciplinary teaching
4. Class size	Limit classes to 20-25 students
5. Hour distributions	In-class sessions 50% - 25% faculty supervised/taught - 25% patient interviews (SPs or role-playing patient-physician) 50% Self-study (asynchronous materials)
6. Cultural Competencies	Longitudinal teaching woven into lesson plans Interpreter use and false fluency lectures
7. Assessments	Formal post-course assessment (SP assessment) Recommended self-assessment: Interagency Language Roundtable

Course Structure



References

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