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Does Closing the Cultural Distance between Patient and Physician Improve Satisfaction? A Student Physician Satisfaction Survey Analysis of Cultural Advocates Compared to Telephonic Interpretation

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INTRODUCTION

The matter of interpretation in medicine is of extreme importance as individuals identifying as Hispanic/Latino are expected to be the largest racial/ethnic minority by 2020. The expanding Spanish-speaking population necessitates that we as healthcare practitioners be able to communicate effectively and efficiently to our patients. One scarcely examined metric is provider satisfaction with a given patient encounter.

A 2004 study looking at interpretation modalities and patient satisfaction in a pediatric emergency department found that patients who had in-person, hospital-trained interpreter had a significantly higher satisfaction and quality of care compared with telephonic and ad hoc interpreters¹. However, the research surrounding interpretation in adult medical care is less clear and often conflicting. A 2010 quasi-randomized controlled study also looked into the impact of interpretation modality and its effect on interpreter, provider and patient satisfaction. While the study was unable to show a conclusive difference in patient satisfaction, it did elucidate a statistically significant impact that in-person interpretation made on provider satisfaction².

METHODS

- Second-year and third-year medical students working at the Cooper Rowan Clinic who had used either telephonic or in-person interpretation were identified as participants.
- Student providers were excluded if at any time there was a student provider or attending physician who acted as an interpreter. Additionally, student providers were excluded from the study if any one in their group had already completed a survey or if they used a non-spanish speaking interpreter.
- The student provider survey was a six digit inventory of provider satisfaction that was completed after a patient encounter. Each item was scored on a scale of 1-5 on a Likert scale with 5 being the highest level of satisfaction.
- An independent T-test was used to examine and interpret the data

RESULTS

- In total, 14 student provider surveys were collected.
- 5 of which were telephonic interpretation and 9 of which were in-person interpretation encounters
- The average response on student providers who had a telephonic interpreter was 3.8 (+/-1.1), whereas those who had an in-person interpreter had an average response of 4.6 (+/- 0.7).
- There was an observed increase in provider satisfaction with in-person interpreters. However, these differences were all non-statistically significant (see Table 1).

Table 1. Average item survey response with standard deviation and p values.

Question Item	Average Telephonic Response	Average In-person Response	P-value
Q1. Interpreter translated everything I said.	4.2 ± 1.1	4.6 ± 0.89	0.63
Q2. I was confident with the accuracy of interpretation.	3.89 ± 0.78	4.6 ± 0.89	0.86
Q3. Overall, I was satisfied with interpreter.	3.44 ± 1.24	4.6 ± 0.89	0.94
Q4. I felt that the patient heard and understood me.	3.78 ± 1.09	4.6 ± 0.89	0.93
Q5. Use of the interpreter made me feel confident I understood the patient's medical concerns.	3.67 ± 1.22	4.8 ± 0.45	0.98
Q6. The interpreter made me feel confident I was able to convey sufficient information about my patient's condition.	3.67 ± 1.41	4.8 ± 0.45	0.96

CONCLUSIONS

While the data suggests that there was no significant difference in provider satisfaction between the two interpretation modalities. The remarkably limited data set (n = 14) unfortunately limits the conclusions that can be drawn from the observed data thus far. In addition, while care was taken to avoid bias in the phrasing of questions, it may have been possible that some level of bias was introduced by the wording of the survey items. Regardless, as data collection continues it may be able to illuminate a statistically significant difference between telephonic and in-person interpretation.

Further areas of investigation include an investigation into patient satisfaction with varying interpretation modalities. Additionally, it may be valuable to assess whether increased satisfaction with patient encounters results in improved patient outcomes.

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