

Doctors often overrate how well they speak a second language

October 27 2011, By Glenda Fauntleroy



Communicating with patients who do not speak English is a challenge facing all health care providers. New research shows that even those physicians who say they are fluent in a second language may be overestimating their actual skills.

In an effort to ensure equal care, the U.S. Department of Health and Human Services calls for [health organizations](#) to provide patients who have limited [English proficiency](#) (LEP) access to an [interpreter](#) or a bilingual staff person. But just how well does the health provider speak the [second language](#)?

"Part of the problem is that there are no standards for how bilingual staff are assessed, so it's left to organizations to decide for themselves," said

lead author Lisa Diamond, MD, of the Immigrant Health and Cancer Disparities Service at Memorial Sloan-Kettering Cancer Center in New York.

The study, appearing in *Health Services Research*, takes a look at how [physicians](#) at the Palo Alto Medical Foundation (PAMF) in the San Francisco Bay area describe their [language](#) skills.

Patients can search for a physician on the PAMF website by languages spoken, such as Spanish and Chinese. The old site categorized a doctor's non-English proficiency as "basic," "medical/conversational" or "fluent."

However, in 2009, PAMF instituted a new, adapted version of a scale known as the Interagency Language Roundtable (ILR), which has a long history of use by the U.S. government, private and academic organizations. The ILR rates proficiency in five levels with explanations of each: poor, fair, good, very good and excellent.

After the new scale was introduced, 258 (75 percent) of the physicians changed their rating on the website-31 who had considered themselves "fluent" downgraded to "good" or "fair" on the ILR scale. And just 11 percent considered their proficiency as "excellent." Seventeen percent used "very good" and 38 percent said they were "fair." Being "fair" was defined as "can get the gist of most everyday conversations but has difficulty communicating about health care concepts."

"This is a very tricky area as this demonstrates how many providers overestimate their proficiency in another language," said Joseph Betancourt, MD, director of the Disparities Solutions Center at Massachusetts General Hospital in Boston. "This can lead to miscommunication and even medical errors."

Betancourt added that while he wasn't familiar with the ILR scale, it

"seems like a promising and necessary tool to objectively measure provider fluency in other languages."

Diamond added, "At this point, we don't know for sure which method of assessing non-English language proficiency is the most accurate and, thus, can't set standards yet. Identifying such a tool is part of the focus of my current research."

More information: Diamond LS, Luft HS, et al. "Does this Doctor Speak My Language?" Improving the characterization of physician non-English language skills. *Health Services Res* online, 2011.

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Provided by Health Behavior News Service

Citation: Doctors often overrate how well they speak a second language (2011, October 27)
retrieved 18 December 2022 from

<https://medicalxpress.com/news/2011-10-doctors-overrate-language.html>

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