Title:
Walking the Language Technology Talk

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Session Title:
Communication and Language Barriers
Slot:
F 17: Monday, 30 October 2017: 9:30 AM-10:15 AM
Scheduled Time:
9:50 AM

Keywords:
language and cultural barriers, nursing simulation and technology

References:


Abstract Summary:
Recognizing and addressing cultural and linguistic diversity is essential to nursing practice. Presentation outlines development, implementation and evaluation of a pilot study using clinical simulation to deliver evidence based language technology training for graduate level nursing students. Attendees will view video vignettes from the pilot session and discuss lessons learned

Learning Activity:

| LEARNING OBJECTIVES | EXPANDED CONTENT OUTLINE |
The learner will be able to identify "best practices" for effective use of language interpretation technologies

The proposed session will provide attendees with a step by step guide to the development and implementation of an evidence based language technology simulation program

The learner will be able to describe effective strategies for the formation of community partnerships to overcome health care disparities resulting from language barriers

The presentation will conclude with a discussion of pilot study findings related to the community partner / “patient" perspective (experience) of the simulation experience.

The learner will be able to apply simulation learning principles to develop effective language technology training for nursing educators and students

The proposed session will include video recorded simulation sessions from the pilot study for review related to teaching-learning and lessons learned

**Abstract Text:**

**Background:** As the face of the healthcare consumer becomes increasingly diverse, the demand for language assistance services within healthcare delivery systems continues to grow exponentially. Decades of nursing literature continues to support the use of “best methods” for communicating with patients as an avenue to reduce health disparities (Baraldi & Gavioli, 2014; Baker, Hayes, & Fortier, 1998; Diamond & Jacobs, 2010; Jones, 2017; Pabon & Wisotzkey, 2013). "Teaching clinicians and trainees about how to avoid contributing to health-care disparities in the context of language barriers should be an essential component of clinical education" (Diamond & Jacobs, 2010, p. 191). Karliner, Perez-Stable and Gildengorin (2004) identify the correlation between interpreter training for healthcare providers and the increased use of language service and increased satisfaction with the medical care provided. The Health Resource and Services Administration (2016) reiterates the importance of language proficiency:

Effective health communication is as important to health care as clinical skill. To improve individual health and build healthy communities, health care providers need to recognize and address the unique culture, language and health literacy of diverse consumers and communities.

Diamond and Jacobs (2010) identify key components for language technology training, including:

• identification of means to overcome language barriers
• understanding the mechanisms to work with language interpreters
• identification and remediation of problems in interpreted encounters

**Purpose:** The proposed education session details the development, implementation and evaluation of a pilot study using clinical simulation to deliver evidence based language technology training for graduate level nursing students. The proposed session will provide attendees with a step by step guide to the development and implementation of the language technology simulation program.

**Methods:** Our study involved the development, implementation and evaluation of an evidence based language technology simulation training program. The training program addressed five key language competencies (Diamond & Jacobs, 2010) and utilized local community experts on Latina culture and the deaf and hard of hearing population. Community consortium members served as simulation patients requiring language assistance for both spoken Spanish and American Sign Language services. The clinical simulation training also promoted effective and accurate communication using language service technologies to Language Telephone Line Interpretation and in-person interpretation. Effectiveness of the training was assessed by both the “patient” (community member) and student groups through the collection of pre and post training data. Community member involvement provided a means for students to receive consumer feedback related to the translation/communication experience.

**Results:** A total of 21 graduate level nursing students and 14 community volunteers participated in a guided language technology simulation aimed at increasing cultural competencies and language skills related to patient/provider communication. Overall, students agreed that the language simulation was useful, appropriate, productive, well-taught and helpful in developing skills and knowledge necessary to perform in a clinical setting. Students felt the simulations resembled real life situations that enabled them
to analyze their own behaviors and actions. Students agreed that the learning experience was both enjoyable and critical to their personal growth. The study findings reveal consistent gains from pretest to posttest in students' self-reported level of confidence in the delivery of culturally competent health care to patients. For each dimension observed, students’ means scores significantly increased from pretest to posttest (p<.05, p<.01, p<.001). Additional findings indicate statistically significant increases in student mean scores pertaining to patient/provider communication, use of language technology and interpreters, and the importance of culturally congruent communication. **Conclusions:** The guided simulations of the pilot study enabled the students to gain confidence and skills in a focused, risk-free environment with peers. Findings from the pilot study will be used to modify and enhance the training program, with a goal of developing faculty-specific and student-specific simulation training programs. The proposed education session will include discussion of the results of the pilot study as well as lessons learned. Presentation attendees will be afforded an opportunity to view video vignettes from the pilot session. The presentation will conclude with a discussion of pilot study findings related to the “patient perspective” of the simulation experience.