

Addressing Language Access in Your Practice

Your feedback on the use of this activity is vital to us. We will use your comments to help develop additional tools and to tailor presentations to assist physicians and their practice teams in addressing language and culture. Please complete the following questions and return the pages to us. Upon receipt, we will send you a special “Addressing Language and Culture” gift and your CME certificate. Thank you.

Name:

Address:

City/State/Zip:

Phone:

Email:

1. Have you taken any action to identify LEP patients in your practice?

Yes No

2. If yes, what actions have you taken?

3. Please give us the percentage estimate of the top three languages your patients speak?

% Language:

% Language:

% Language:

4. Do you ask patients their “preferred language” for health care interactions?

Yes No

5. How do you ask? (Check all that apply)

Verbally

Through family member

With a sign

Other:

6. Do you have a patient registry or system to help you track your patient population?

Yes No

7. If yes, is it:

Paper

Excel spreadsheet

Stamp/Sticker

Electronic database (Access, FileMaker)

Web-based registry

Other:

8. Does the registry have a field for “preferred language?”

Yes No

9. If you don’t have a registry, how do you keep track of your patient population?

10. Do you have policies and procedures for addressing language access?

Yes No

11. If yes, do you: (Check all that apply)

- Have a printed version Distribute it to staff
 Make it part of staff meetings Other:

12. If no, how do you or your staff make decisions about how to provide interpreter services to patients who speak limited English?

13. When caring for a patient who speaks limited English, do you: (Check all that apply)

- Use a trained interpreter
 Use a bilingual staff member who has interpreter training
 Use a bilingual staff member who does not have interpreter training
 Use a patient's family member
 Use a friend of the family or other individual
 Use a phone service/language line
 I'm bilingual in: English and
 Other:

14. Please give us an estimate of how often (times per week) you use the following language options:

- _____ Use a trained interpreter
_____ Use a bilingual staff member who has interpreter training
_____ Use a bilingual staff member who does not have interpreter training
_____ Use a patient's family member
_____ Use a friend of the family or other individual
_____ Use a phone service/language line
_____ I'm bilingual in: English and
_____ Other:

15. Do you have any of the following documents translated into other languages?

- Basic health education materials, such as:
_____ Informed consent
_____ Patient education materials
_____ Prescription instructions
_____ Other:

16. Do you use any of the following in your practice:

- Speakerphone in exam room
 Cell phone speaker
 Multiple language signage

17. What three things will you do in response to this Language Access session?

- 1.
- 2.
- 3.

18. Other Comments:

Would you recommend this activity to your colleagues?

Yes No

Thank you for your time and commitment. Fax these pages to CAFP at (415) 345-8668.