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Join Us!

Keep an eye out for email invites for meetings and events over the course of the next year. All are welcome! Reach out to any of the committee members if you have any questions!

Redefining our Mission, Vision and Values

Our Mission

The goal of this newsletter is to highlight our diverse community while also enhancing our ability to respond to topics of diversity and equity within the healthcare field. We hope to include relevant cultural competencies, timely journal articles and patient cases, among other topics, while fostering a sense of community within our department.

Our Vision

To make members of our diverse community feel seen, heard and respected.

Our Values

Our department is committed to building an environment where all feel welcome. Our goal is to promote a sense of belonging where we respect voices and contributions from all races, genders, religions, and marginalized communities. We aim to create a learning environment which is enriched by varied perspectives and life experiences.

Stepping in for Respect Recap

The Stepping in for Respect lecture series was designed to help equip us with tools to address micro or macro aggressions by our peers and patients. Please take the time to review the tools below so that you are ready to address this behavior in the hospital. The best way to make a change in our environment is to do more than simply brush off these comments and if you don't remember where to start, simply BEGIN.

Ask/Clarify

"I'm sorry, could you repeat that?"

Disagree

"The gender/race of your doctor is not important to your care"

Arouse Dissonance

"I'm surprised you said that, you always supported ____"

Express Emotions

"I am uncomfortable/upset with what you said"

BEGIN

Breathe

You will be met with the same tone that you lead with. Start calm

Start with Empathy

Empathy will prevent ineffective communication. Choose the best environment and people to be present

Set Goals

State why this is an important conversation

Inquire

Ask curious question

"Help me to understand your view"

"Do you have any questions for me"

Engage

Have the conversation

Bring support as needed

Debrief with those impacted after

Every one of us has implicit bias. It is natural, but the best way to minimize the negative impacts it may have on our peers and patients is to understand what they are. Harvard has put together Project Implicit and the Implicit Association Test to provide a quick way to measure your own biases. Please take the time to complete some of these tests to help you better understand yourself. Link in the Newsletter email

The Effect of Language on the Decision to Image in the Evaluation of Atraumatic Headache

Author: Kian Preston-Suni MD, MPH et al.

Summarized by Dr. Monica Mikhael

Background:

- The US has more than 60 million people who are non-English speakers and more than 40% of those people have limited English proficiency
- Most Spanish-speaking physicians are not native speakers
- Physicians often overestimate both their patients English proficiency and their own non-English language proficiency
- One study found that > 22% of patients stated their physician spoke Spanish however should have called an interpreter
- Atraumatic headaches accounts for 2.8% of ED visits nationally
- Rate of imaging patients for atraumatic headaches increased from 12.5% to 31% between 1998 – 2008
- Obtaining a reliable history and physical examination is important for clinical decision making

Questions:

- Due to language barrier, are more studies such as CT obtained because of this?
- Are non-native speaking Physicians providing adequate translation when compared to Spanish proficient physicians?

Spanish – speaking patients were:

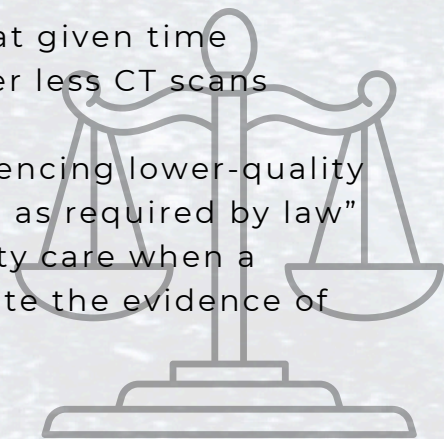
- More likely to be discharged – 81% vs 74.1%
- Less likely to leave before treatment was complete – 9.7% vs 14.3%
- Less likely to be admitted – 7.8% vs 8.6%
- If admitted, more likely to have longer admission of >600 min – 49.4% vs 37.9%
- More likely to obtain head CT – 31.8% vs 26.4%

“Getting By” Phenomenon:

- Phenomenon in which physicians make real-time judgements about using their own skills in a clinical setting
- Based on the need in their professional interpretation in that given time
- Physicians who passed Spanish proficiency test did not order less CT scans

Key Take Home Points:

“Patients with limited English proficiency are at risk for experiencing lower-quality care when not evaluated with appropriate language assistance as required by law”
“Certified health care interpreters are the cornerstone of quality care when a language barrier exists, but their utilization remains low, despite the evidence of benefit”



The association between language discordance and unplanned hospital readmissions or emergency department revisits: a systematic review and meta-analysis

Author: Janet Chu et al.

Summarized by Dr. Shruthi Rethi

Background and Objective: This study investigates the relationship between language discordance and rates of hospital readmissions and emergency department (ED) revisits among adult and pediatric patients, addressing conflicting findings in existing literature.

Data Sources: A systematic search was conducted in PubMed, Embase, and Google Scholar, covering articles from before and after January 21, 2021, without limitations on date or language.

Study Selection: Peer-reviewed articles were included if they provided data on patient or parental language skills and included unplanned hospital readmissions or ED revisits as outcomes. Exclusions were made for non-English articles, studies without primary data, or those available only as abstracts.

Data Extraction and Synthesis: Data was independently extracted by two reviewers following PRISMA-ScR guidelines, with quality assessed using the Newcastle-Ottawa Scale. A meta-analysis was conducted on:

- 18 adult studies regarding 28- or 30-day hospital readmissions.
- 7 adult studies on 30-day ED revisits.
- 5 pediatric studies addressing 72-hour or 7-day ED revisits
- A stratified analysis evaluated the impact of verified interpretation services on adult readmission rates.

Main Outcome Measures:

- Odds of hospital readmissions within 28 or 30 days.
- Odds of ED revisits within a 7-day period.

Results:

- A total of 4,830 citations were reviewed, resulting in 49 studies (12 pediatric and 39 adult) included in the analysis.
- Language discordant adult patients had increased odds of hospital readmissions (OR = 1.11, 95% CI 1.04–1.18).
- Studies verifying interpretation services showed no significant difference in readmission rates (OR = 0.90, 95% CI 0.77–1.05), while studies without specified access indicated higher odds (OR = 1.14, 95% CI 1.06–1.22).
- Adults with a non-dominant language preference had higher odds of ED revisits (OR = 1.07, 95% CI 1.004–1.152).
- In pediatric studies, children of parents who were language discordant with providers had higher odds of ED revisits at 72 hours (OR = 1.12, 95% CI 1.05–1.19) and 7 days (OR = 1.02, 95% CI 1.01–1.03).

Discussion: Language discordance is linked to increased hospital readmissions for adult patients and higher ED revisit rates for children. Providing interpretation services may mitigate the negative impact of language discordance, particularly reducing readmission rates among language discordant adult patients.

