

# Caring for Patients with Limited English Proficiency

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Nursing

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## Examination

1. An estimated \_\_\_\_\_ U.S. Residents have an origin that is something other than Caucasian.
  - a. one out of four
  - b. three out of ten
  - c. one out of three
  - d. three out of six
  - e. three out of five
2. By 2030, \_\_\_\_\_ residents will be either Hispanic or Asian.
  - a. one out of ten
  - b. three out of ten
  - c. one out of four
  - d. one out of three
  - e. three out of six
3. Addressing language barriers by healthcare providers that receive federal dollars from the US Department of Health and Human Services is
  - a. a law
  - b. a recommendation
  - c. currently a proposal by the Senate
  - d. currently a proposal by the American Civil Liberties Union
  - e. encouraged by the American Medical Association
4. Currently, there are more than \_\_\_\_\_ non-English languages spoken in this country.
  - a. 75
  - b. 100
  - c. 125
  - d. 150
  - e. 200
5. All of the following statements regarding the standards set up by the Culturally and Linguistically Appropriate Services (CLAS) are true EXCEPT
  - a. The standards incorporate key laws, regulations, contracts, and standards currently in use by federal, state, and other national agencies.
  - b. These standards promote equitable and effective treatment in a culturally and linguistically appropriate manner.
  - c. They are all mandates and thus must be followed.
  - d. They are applicable to all cultures and are not limited to a particular racial, ethnic, or linguistic population.
  - e. There are three types of standards of varying stringency consisting of mandates, guidelines, and recommendations.
6. Healthcare organizations must offer and provide language assistance services, at \_\_\_\_\_ to each patient with limited English proficiency at all points of contact.
  - a. no cost
  - b. a set cost
  - c. an affordable cost
  - d. a co-pay amount

- e. a cost determined by the person's insurance

**7. Regarding the four CLAS mandates, all of the following are true EXCEPT**

- a. Healthcare organizations must assure the competence of language assistance provided to limited English proficient patients by interpreters.
- b. Family and friends should not be used to provide interpretation services (there is no exception to this rule, even if requested by the patient).
- c. Healthcare organizations must provide to patients in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.
- d. Healthcare organizations must make available easily understood patient-related materials in the languages of the commonly encountered groups represented in the service area.
- e. Healthcare organizations must post signage in the languages of the commonly encountered groups represented in the service area.

**8. Regarding the nine CLAS guidelines, all of the following are true for healthcare organizations EXCEPT**

- a. They should ensure that patients receive effective, understandable, and respectful care that is provided in a manner compatible with their cultural beliefs, practices and preferred language.
- b. They should implement strategies to recruit, retain, and promote a diverse staff that are representative of the demographic characteristics of the service area.
- c. They should ensure that staff, at all levels, receives ongoing education and training in culturally and linguistically appropriate service delivery.
- d. They should develop a verbal (non-written) strategic plan that outlines clear goals, policies, and operational plans to provide culturally appropriate services.
- e. They should conduct initial and ongoing organizational self-assessments of CLAS-related activities.

**9. Regarding the nine CLAS guidelines, all of the following are true for healthcare organizations EXCEPT**

- a. They should ensure that conflict and grievance resolution processes are culturally and linguistically sensitive.
- b. They should ensure that they are capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by patients.
- c. They should maintain a current demographic and cultural profile of the community.
- d. They should maintain a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area
- e. They should ensure that data on the individual patient's race, ethnicity, and spoken language are not collected in the health records to insure patient confidentiality.

**10. There are four issues related to the use of translators that must be considered when implementing the services of translators, which include all of the following EXCEPT**

- a. the use of friends, family, or minor children
- b. the use of competent interpreters
- c. State and Federal laws and regulations
- d. a patient's right to confidentiality and privacy
- e. the cost of these services

**11. Regarding potential translators, there are several choices available to home care clinicians, but the most preferred is**

- a. Family Members
- b. Professional Interpreters
- c. Language Line Services
- d. Family Friends
- e. Bilingual Staff

**12. Regarding family members or friends as interpreters, all of the following are true EXCEPT**

- a. Healthcare facilities and providers are at risk for liability under Title VI if they require, suggest, or persuade an LEP person to use friends, minor children, or family members as interpreters.
- b. Family or friends of the patient sometimes will choose not to interpret a message accurately for a number of

reasons.

- c. Family or friends may not appreciate the extent to which inadequate interpretation may have negative consequences upon a patient's health.
  - d. Minor children of patients should be used for translation or interpretation because they have the parent's trust.
  - e. Clinicians may believe it to be more straightforward to rely on the help of family members who speak the language of both the patient and the clinician.
13. **Once an LEP patient is informed of their right to free interpreter services they are entitled to decline and request a family member or friend as a translator, but this information needs to be**
- a. documented in the patient's record
  - b. forwarded to the Federal Agency in charge
  - c. sent to the patient's insurance carrier
  - d. forwarded to the State Agency in charge
  - e. sent to the Department of Health and Human Services
14. **In the training and screening of interpreters, all of the following skills should be documented EXCEPT**
- a. a proficiency in both English and the other language
  - b. orientation and training that includes the skills and ethics of interpreting
  - c. sensitivity to the LEP person's culture
  - d. interpersonal skills
  - e. their time proficiency in order to be the most cost effective
15. **As established by the National Council on Interpretation in Healthcare, the formal training of professional interpreters consists of a minimum of**
- a. 8 hours
  - b. 16 hours
  - c. 24 hours
  - d. 40 hours
  - e. 60 hours
16. **Regarding bilingual staff as interpreters, all of the following are true EXCEPT**
- a. they can include nurses or support staff
  - b. competency only requires self-identification as bilingual
  - c. it is an attractive option for clinicians because it offers immediate availability for the moment
  - d. it could cause conflicts in duties or create resentment in staff members or co-workers.
  - e. they should be screened for their language skills and provided with training as interpreters.
17. **Regarding telephone interpreter services, all of the following are true EXCEPT**
- a. it is another option available when interpreter services are needed
  - b. these services are appropriate for emergencies and/or uncommon languages
  - c. they can cover over 140 languages but are not available 24 hours/day, 7 days/week
  - d. interpreters are native speakers with training in interpretation and healthcare terminology
  - e. it is more expensive on a per-hour basis than an on-site interpreter and often requires prior arrangement by the agency.
18. **All of the following are clinician expectations when working with interpreters EXCEPT**
- a. speak in short units and ask short questions
  - b. avoid technical terminology, abbreviations, and professional jargon
  - c. avoid colloquialisms, abstractions, slang, similes, and metaphors
  - d. encourage the interpreter to translate the patient's words, as much as possible, rather than paraphrasing or polishing with professional jargon
  - e. during the interaction, look at and speak directly to the interpreter, not the patient, in order to make sure the interpreter understands what you want

19. Other issues to consider when working with interpreters includes all of the following EXCEPT
- a. pace of conversation
  - b. body gestures
  - c. cost to the patient
  - d. touch
  - e. proximity
20. Recommendations in the Guidebook for Providers of Services to Older Americans and their Families for facilitating communication and overcoming language barriers includes all of the following EXCEPT
- a. Use literal translations of existing material so that they do not lose their meaning
  - b. Display information and educate minority caregivers through professional meetings, conferences, and publications
  - c. Identify key minority-focused information web sites as a form of education
  - d. In publications, use pictures that include the targeted group to promote identification of the issue as "being important to people like me"
  - e. Develop publications in the language of the population you are targeting



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