

Perioperative Clinician Experiences with Limited English Proficiency (LEP) Patients

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BACKGROUND

Language barriers have been shown to impact the hospital course of patients. In the periop setting, communication and decision making are complex, and shared decision making depends on high-quality communication between healthcare providers and the healthcare recipients, and is central to patient safety. We hope to better understand provider experiences with LEP patients in the periop setting.

METHODS

1. Conduct interviews with anesthesia providers
2. Transcribe interviews
3. Code interviews to identify themes

RESULTS

- **Figure 1.** Barriers and suggestions identified by providers when working with LEP patients

DISCUSSION

Interpreter services were identified as helpful, but they did not always ensure adequate patient understanding. Additionally, working with LEP patients and interpreters takes more time in a fast-

Example of an near-miss event:

“I do mostly cardiac anesthesia... and I distinctly remember... [patient] being shocked and surprised when we were talking about the acuity of the case, and it had been clear that her understanding was that this was fairly non-invasive...that it wasn’t a big surgery. She had no idea. So as we started to elaborate more, she had no idea that it involved a medial sternotomy that she was going to be on a heart lung machine, that it was going to be an extensive recovery process.”

Figure 1.

Barriers/Challenges		Suggestions for Improved Care
Patient misunderstanding even after using interpreter	Increased time requirements	Using interpreters in the OR
<i>“[The patient was} not tolerating the procedure well, and ...we were interpreting his experience to be ... physical discomfort with the epidural placement, and so we assumed he needed more topicalization, more reassurance to take pauses and breath. And then finally we ...interrupted the procedure ...We pulled up the translator services ...and... we started talking to the patient, and what had turned out was not that he was having like discomfort, ... It was that he was confused and didn't understand what we were doing, and why we were doing it. So what we had spent like 20 min discussing before we had even rolled into the operating room was already completely lost on the patient, and he felt scared and uncomfortable, and didn't understand why we were doing it, even though we had had a really thorough consent process.”</i>	<i>“It obviously does add time, and it's a busy environment, and we do take care of lots of patients, and it takes additional time to get translator services available, and then to have the same conversation that you would have in English right.”</i> <i>“Before you do procedures or to anesthetize someone is a really rushed experience, and ...using a translator service slows things down tremendously.”</i> <i>“we can have limited availability of the in-person translator services and of the people available on the calls or on the video services, especially if it's an uncommon language.”</i>	<i>“It's a dehumanizing experience when you're laying there, and people are doing all these things to you. But aren't really communicating exactly what they're doing, step by step.”</i>
		Using patient advocates
		<i>“if there are a way to try, and we have at our institution, you know, medical students, for example, or volunteers who helped to be patient advocates for people who are”</i>



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Note: To date we have conducted two pilot interviews. These interviews allowed us to test zoom as an interview platform and address practical issues in the research procedures and the flow of the interview questions. With a strengthened interview protocol and guide we have scheduled multiple further interviews. The participants are from academic health centers across the United States.

Pilot interview results: The percentage of LEP patients seen by the providers interviewed varied significantly 0.5% and 15%.