

## **Assessing the Language Proficiency of Our Bilingual Perioperative Staff**

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**Background information:** Clear and effective communication between healthcare providers and non-English speaking patients and their families is fundamental to ensure a safe and equitable patient care. While the use of professional interpreters for patients with limited English proficiency (LEP) is well established in our perioperative units, in many instances LEP patients request in-person language assistance from unqualified bilingual staff. These situations are associated with communication errors and poor clinical outcomes. Assessing the linguistic competence of our units' bilingual staff in the healthcare context is required to prevent misunderstandings when communicating health information with our diverse patient population in their preferred language. To achieve that, perioperative leadership reinforced the institution's Linguistic Clinical Communicator (LCC) assessment.

### **Objectives of the Project:**

- Ensure bilingual staff meets the language proficiency required to facilitate accurate clinical information to patients with LEP in their preferred language
- Encourage all perioperative bilingual staff to take the LCC assessment
- Expand database of approved LCC clinical staff
- Uphold the importance of diversity and inclusion, which is part of our institution's Respect Credo.

**Process of Implementation:** Conducted huddles emphasizing expectations and benefits of becoming an approved LCC on patient-provider communication, interactions and clinical outcomes. Conducted a survey to identify units' bilingual staff who believed they had the language proficiency to speak to their patients about their care in their second language, and were interested in becoming approved LCCs. Created a database to keep record of the approved LCCs. Publicly recognized those who successfully completed the LLC assessment test.

**Statement of Successful Practice:** 89% (n=17) out of (n=19) staff who were interested in taking the language proficiency assessment are now approved LCCs. Increased peer-peer support and leadership confidence in the ability of the LCCs to accurately communicate with patients about their care. Improved LCC self-esteem. Recently during an emergency in PACU an LCC was readily available and able to make eye contact with the patient, and quickly provide language assistance between provider and patient improving satisfaction for all involved.

**Implication for Advancing the Practice of Perianesthesia Nursing:** Ongoing LCC assessment of current bilingual staff is recommended. Assessing the proficiency of bilingual new employees during the onboarding process would be an effective strategy to improve communication and overall satisfaction in the PACU setting.