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Advocacy and Interpreter Services: A Video-Based Curriculum for Trainees

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Introduction: Patients with limited English proficiency (LEP) who receive language-discordant care are at higher risk for underutilization of services and adverse perinatal outcomes. The Obstetrics and Gynecology (OB/GYN) Department provides services to a large percentage of patients with LEP, yet trainees often lack structured opportunities to utilize interpreter services (IS) and advocate for this patient population. We developed a student-led OB/GYN clerkship workshop that is designed to explore barriers to IS use in the clinical setting and opportunities for advocacy; this workshop serves as a population health intervention within medical education.

Methods: We created a video simulating a clinical encounter and used it to anchor a 60-minute workshop consisting of small- and large-group discussions. Pre- and post-workshop surveys assessed changes in knowledge, skills, and attitudes regarding health equity considerations and IS best practices. Kirkpatrick's model was used to guide workshop evaluation on clerkship trainees and student leaders.

Results: Six senior medical students facilitated workshops for approximately 108 junior medical students from 2023 to 2025. Preliminary data review suggests that at the completion of the workshop, students (1) improved familiarity with hospital IS protocol and (2) better understood the risks associated with ad hoc interpreter use; qualitative feedback reflected greater confidence in recognizing and mitigating culturally related interpersonal barriers to IS use when they occur. Longitudinally, students who completed the workshop applied lessons in quality improvement: one initiative piloted verbal/visual communication tools for laboring patients (involving 46 nurses and faculty), while another developed an IS worksheet for a student-run free clinic (training 41 peers).

Conclusions: The advocacy workshop improved student confidence in best practice use of IS to improve patient-provider communication for patients with LEP. Future steps include longitudinal evaluation of common barriers to IS utilization during the clerkship and skill building with a simulated patient encounter.