

Date: _____

Your Name _____

**LAC+USC Healthcare Network
Interpreter Survey**

Thank you for participating in this short survey. The survey will take approximately 10 to 15 minutes to complete and your answers will be kept strictly confidential. This survey will help us develop training programs regarding the communication between Limited English Proficient (LEP) patients and our staff. It will also be used to determine what additional services and resources are needed to better serve patients and their families.

Thank you.

1. Which department or service area do you work for?

- DEM
- Psychiatry
- OB/Gyn Services
- Radiology
- Outpatient Oncology/Cardiology

Other - Name of area or Department _____

2. What is your position?

- Clerical
- Financial Screener
- Nurse (RN or LVN)
- Certified Nursing Assistant
- Other: _____

3. What part of the 40-hour Interpreter Class did you find **most** useful to your work?

4. What part of the 40-hour Interpreter Class did you find **least** useful to your work?

5. What kind of additional training would you like to see offered?

A training class on the following topics would be helpful. (If yes, rank 1-3 with 1 being most useful)	Yes	No	If Yes, Please Rank
Specific language access policies, regulations and procedures?			
Medical Terminology in a foreign language? Which language? _____			
Other Language and Cultural competency issues? Specify _____			

6. Have you ever seen any large “Interpreter Services Available” signs posted in your department or work area?
 Yes No
 Don't Know/Not Sure
7. Have you ever seen a “Point to Your Language” card used in your area?
 Yes No
 Don't Know/Not Sure
8. Have you seen notices informing patients of free interpreter services?
 Yes No
 Don't Know/Not Sure
9. In your department, do you have any materials in non-English languages that you can give to patients?
 Yes No
 Don't Know/Not Sure

10. If yes to number 7, please check or list the translated materials that you have.

<input type="checkbox"/>	Type of Translated Material	Which Languages
	Patient intake form (s)	
	Patient consent form (s)	
	Financial screening form	
	Appointment letter(s)	
	Discharge instructions	
	Health education brochures or flyers	
	Other forms (please specify):	

11. What would you recommend to improve services to LEP patients in your area? Please rank the following 1 through 6, 1 being most helpful, 6 being the least helpful.

Group A : Interpreter Services

- ___ Interpreter Technology Support (Dual Handset Telephones, A-V Aids, etc..)
- ___ Professional health care interpreters
- ___ More access to telephone interpreters
- ___ Training on language access and cultural competency issues for all staff.
- ___ Standardized procedures for how to deal with LEP patients.
- ___ Advanced notice and scheduling for LEP patients

Group B : Translation of Written Material

Please number the following 1 through 6, with 1 being most helpful, 6 being the least.

- ___ The ability to decide which materials need to be translated
- ___ Translated materials for patients in more languages
- ___ Establishment of a LAC+USC Healthcare Network of a translation department.
- ___ Computer and other technology to assist written translation.
- ___ A certification program for employees doing written translation.
- ___ Sending more material out to translation vendors.

12. Do you have any other concerns, comments, or suggestions on what would make your job easier in providing quality health care for your patients who are not fluent in English? Please feel free to write them below or on the back of this sheet.

13. Which language(s) do you speak:

- | | |
|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Armenian | <input type="checkbox"/> Cantonese |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Mandarin |
| <input type="checkbox"/> Thai | <input type="checkbox"/> Farsi |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other _____ |

14 On average, how many hours per week do you spend interpreting for LEP patients: _____hours.

15 Has the County tested your **spoken** language skills?

- Yes No

16.Has the County tested your **written/reading** language skills?

- Yes No

17.I feel confident about my ability to interpret for LEP patients (Check One)

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

18. Do you receive a bilingual bonus? (Please circle) Yes No

19. Please place an X in the box that best fits your response.

How often does the following prevent you from providing interpretation services?	Always	Often	Some-times	Rarely	Never
a. No one is available to cover my shift					
b. I am afraid of legal consequences					
c. I am not paid for my time					
d. I am not confident in my ability to translate					
f. Other (please specify):					

20. How does interpreting for patients affect your other responsibilities?

To help us better analyze the results of this survey, please answer the following demographic questions:

Age

1. What is your age? ____ Years

Education

2. How many years of school have you completed?

- 1-6 – (i.e., Elementary School)
- 7-8 – (i.e., Jr. High School)
- 9-11 – (i.e., Some High School)
- 12 - (i.e., High School Diploma or GED)
- 13-15 - (i.e., Some College, Associates Degree, or Trade/Technical School)
- 16 – (i.e., Bachelors Degree)
- 16 + - (i.e., Post Graduate)

8/1/05

Thank you for completing this survey.