Employee Language Skills Self-Assessment Tool

Dear Physician,

The attached prescreening tool is provided as a resource to assist you in identifying employees that may be eligible for formal language proficiency testing. The tool is not meant to serve as an assessment for qualified medical interpreters or meet the California Language Assistance Program law or any other regulatory requirements.

It is important that all bilingual practitioners and their staff who speak with patients in a language other than English complete this form. Those who rate themselves with speaking, reading, or writing at 3 or above, should take a professional language assessment before using their bilingual skills with patients.

No-cost qualified interpreting services are available through patients' health plans. This includes facetoface, telephonic, and American Sign Language interpreting services. To receive immediate assistance or to schedule a face-to-face interpreter, call the patient's health plan.

If a patient belongs to Medi-Cal, please call the number listed next to the patient's health plan to request a face-to-face interpreter:

| Anthem Blue Cross | 1.888.285.7801 | Kaiser Permanente | 1.800.464.4000 |
|---|----------------|-----------------------|----------------|
| Blue Shield of California Promise | | L.A. Care Health Plan | 1.888.839.9909 |
| Health Plan (previously known as Care1st) | 1.800.605.2556 | Molina Healthcare | 1.888.665.4621 |
| Health Net | 1.800.675.6110 | | |

Thank you for your assistance.

The Cultural & Linguistics Collaborative of Los Angeles County













(Modifications from the approved I.C.E. Collaborative document were made for this page only).

Approved on 06/20/2018 by the C&L Collaborative of Los Angeles

Employee Language Prescreening Tool Key

| Key | | Spoken Language | | |
|-----|---|-----------------|--|--|
| (1) | Satisfies elementary needs and minimum courtesy requirements. Able to understand and respond to 2-3 word entry-level questions. May require slow speech and repetition. | | | |
| (2) | Meets basic conversational needs. Able to understand and respond to simple questions. Can handle casual conversation about work, school, and family. Has difficulty with vocabulary and grammar. | | | |
| (3) | Able to speak the language with sufficient accuracy and vocabulary to have effective formal and informal conversations on most familiar topics related to health care. | | | |
| (4) | Able to use the language fluently and accurately on all levels related to health care work needs. Can understand and participate in any conversation within the range of his/her experience with a high degree of fluency and precision of vocabulary. Unaffected by rate of speech. | | | |
| (5) | Speaks proficiently equivalent to that of an educated native speaker. Has complete fluency in the language, including health care topics, such that speech in all levels is fully accepted by educated native speakers in all its features, including breadth of vocabulary and idioms, colloquialisms, and pertinent cultural preferences. Usually has received formal education in target language. | | | |
| Key | y Reading | | | |
| (1) | No functional ability to read. Able to understand and read only a few key words. | | | |
| (2) | Limited to simple vocabulary and sentence structure. | | | |
| (3) | Understands conventional topics, non-technical terms and heath care terms. | | | |
| (4) | Understands materials that contain idioms and specialized health care terminology; understands a broad range of literature. | | | |
| (5) | Understands sophisticated materials, including those related to academic, medical and technical vocabulary. | | | |
| Key | ey Writing | | | |
| (1) | No functional ability to write the language and is only able to write single elementary words. | | | |
| (2) | Able to write simple sentences. Requires major editing. | | | |
| (3) | Writes on conventional and simple health care topics with few errors in spelling and structure. Requires minor editing. | | | |
| (4) | Writes on academic, technical, and most health care and medical topics with few errors in structure and spelling. | | | |
| (5) | Writes proficiently equivalent to that of an educated native speaker/writer. Writes with idiomatic ease of expression and feeling for the style of language. Proficient in medical, healthcare, academic and technical vocabulary. | | | |
| | Interpretation: Involves spoken communication between two parties, such as between a patient and a pharmacist, or between a family member and doctor. Translation: Involves very different skills from interpretation. A translator takes a written document in one language and changes it into a document in another language, preserving the tone and meaning of the original. Source: University of Washington Medical Center | | | |

EMPLOYEE LANGUAGE PRESCREENING TOOL (For Clinical and Non-Clinical Employees)



This prescreening tool is intended for clinical and non-clinical employees who are bilingual and are being considered for formal language proficiency testing.

| Employee's Name: | Department/Job Title: | |
|--|------------------------------|--|
| Work Days: Mon / Tues/ Wed/ Thurs/ Fri/ Sat/ Sun | Work Hours (Please Specify): | |
| | | |

Directions: (1) List any/all language(s) or dialects you know.

(2) Indicate how fluently you speak, read and/or write each language

| Language | Dialect, region, or country | Fluency: see attached key (Circle) | | I would like to use my language skills to speak with patients (Circle) | I would like to use my reading language skills to communicate with patients (Circle) | I would like to use my language skills to write patient communications (Circle) | |
|----------|--------------------------------|---------------------------------------|-----------|--|--|---|--------|
| | | Speaking | Reading | Writing | | | |
| | | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | Yes No | Yes No | Yes No |
| | | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | Yes No | Yes No | Yes No |
| | | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | Yes No | Yes No | Yes No |
| | | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | Yes No | Yes No | Yes No |

TO BE SIGNED BY THE PERSON COMPLETING THIS FORM

| I, | , attest that the information provided above is accurate |
|-------|--|
| Date: | |