



EMPLOYEE LANGUAGE SKILLS SELF-ASSESSMENT TOOL

Dear Physician:

The attached self-assessment tool is provided as a resource to assist you in identifying language skills and resources existing in your health care setting. This voluntary tool will provide a basic and subjective idea of the bilingual capabilities of your staff. This screening tool is not meant to meet the CA Language Assistance Program law requirements.

You may distribute the tool to **all your clinical and non-clinical employees using their non-English language skills in the workplace**. The information collected may be used as a first step to improve communication with your diverse patient base.

You may wish to write an introductory note along the following lines:

“We are committed to maintaining our readiness to serve the needs of our patients. Many of our employees could use their skills in languages other than English.

We are compiling information about resources available within our work force. Please complete and return this survey to <department/contact> no later than <date>.

This survey will not affect your performance evaluation. It is just a way for us to improve our customer service, and to make you part of such efforts.

Thank you for your assistance.”

Once bilingual staff have been identified, **they should be referred to professional language assessment agencies** to evaluate the level of proficiency. There are many sources that will help you assess the bilingual capacity of staff.

Depending on their level of confirmed fluency, your practice would be able to make use of this added value to help your practice better communicate with your patients in the client’s language of preference.

Employee Language Skills Self Assessment 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	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 health 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	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 vs. Translation	<p>Interpretation: Involves spoken communication between two parties, such as between a patient and a pharmacist, or between a family member and doctor.</p> <p>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.</p> <p><i>Source: University of Washington Medical Center</i></p>
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