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Clinician Cultural and Linguistic Assessment –

Spanish (CCLA-S)

Candidate's Manual

Candidate Information
Examination Information
Sample Examination

Please save this manual and read it prior to taking the assessment. You may need it for later reference.

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Purpose of the Exam

The purpose of the Spanish (CCLA-S) exam is to determine the level of Spanish proficiency of physicians who identify themselves as bilingual. Specifically, the CCLA-S is designed to assess physicians' ability to communicate with Spanish-speaking patients in a primary care medical setting. The CCLA-S assesses candidates' Spanish proficiency along the following five dimensions:

1. **Communicative Competence:** the ability to meaningfully and accurately understand and produce Spanish in the medical setting in a culturally appropriate way.
2. **Fluency:** the ease with which a candidate can produce native-like Spanish, including the degree of hesitation, the clarity of speech sounds, and the appropriate use of rhythm, stress, and intonation.
3. **Pronunciation:** the degree of Spanish phonology, accent, and related comprehensibility.
4. **Customer Service:** the ability to make medical issues and concepts accessible to the patient.
5. **Cultural Proficiency:** the ability to recognize and respect the patients' expressed beliefs. It also includes comprehension of idiomatic and colloquial speech.

Each of these dimensions of language proficiency is described in detail in the "Evaluation of the Test" section of this manual.

How to Use this Manual

The CCLA-S Examination is considered both a proficiency-based and criterion-referenced evaluation procedure. What this means is that Spanish language proficiency is measured according to standards of minimum competency set by experienced, certified practicing court and medical interpreters; language and testing specialists; and members of the medical profession. The CCLA-S' principal assessment area is **Communicative Competence**. In this case, this specifically refers to a physician's ability to meaningfully and accurately communicate required medical information in Spanish and to understand patient speech in Spanish.

The **Candidate's Manual** does not purport to instruct; its major purpose is to familiarize the candidate with the general format, content, and evaluation criteria used in this examination. In doing so, it is intended to ensure that the candidate is thoroughly familiar with the expectations of the exam and the examination process, so that only the candidate's Spanish proficiency will determine his or her performance on the exam. **Please read carefully the manual and the practice questions located at the end of the manual prior to taking the assessment.**

The **Candidate's Manual** is not intended to be a substitute for techniques of enhancing language proficiency such as academic preparation, or years of professional or practical life experience. As is true of any proficiency or criterion-referenced examination, one cannot open a book or follow a set of procedures to achieve instantly the standard of performance necessary for that field.

TAKING THE TEST

A. Procedure for the Day of the Test

Every part of the test will be recorded. All of the information recorded will remain confidential.

- Dial the telephone number that was provided to you and enter your access code. You will be asked to state your first and last name for the record. Make sure to listen carefully to the warm-up questions following the introduction.
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- **Once you begin the assessment, it cannot be stopped. If for any reason you are disconnected, you have 3 minutes to call back and resume your test.**

- Make sure that you select a quiet location where you will not be interrupted while you are taking the assessment. External noises may affect the quality of the recording, hence impacting your score. **Once you begin the assessment, it cannot be stopped for any reason.**

- We recommend that you have the following items with you as you prepare to take the assessment: a bottle of water, a notepad and pencil, and Kleenex.

- If you experience any difficulties while taking the assessment, please contact the person who scheduled the assessment for you.

B. What to Expect While Taking the Test

The CCLA-S examination is administered over the phone using prerecorded questions. **Since the entire examination is recorded and administered over the phone, you will be asked to state your name and examination code number for the record.**

To begin the exam, the recording will start with an introduction, a brief interview, and general instructions that lasts a total of about four minutes. The interview will be conducted in Spanish. The general instructions will be in English. The interview is not evaluated. Keep in mind that you will also receive specific instructions prior to each section of the exam.

The scored portion of the exam will begin with a recorded set of scenarios. During these scenarios, you will be presented with recorded instructions (in Spanish) for that scenario, followed by a short monologue in Spanish from the patient. You will then be asked to perform a series of tasks based on the patient's monologue. For example, you may be asked to "explain a certain medical procedure to the patient." You will then hear a beep and the recording will fall silent for approximately 20-60 seconds, during which time you are expected to perform the task. **Please be sure to speak in a clear and loud voice so that the system will be able to recognize your voice.** You will be given an appropriate amount of time to respond to each communicative task, depending on the complexity of the expected answer. ***In other words, you will have enough time to respond fully to the requested task***, ***provided that you respond quickly and address the task directly. It is to your advantage to use all the time provided.*** Do not be concerned if the recording starts speaking over you. Simply stop your response and attend to the next task. Likewise, do not be concerned if there is "dead air"

following your response to a task—that is, if you do not use all the time available to you. Simply wait and attend to the next task once you feel you have completed a task.

Throughout the exam, remember that the test simulates actual primary care encounters. You are asked to render the requested information in the same manner that you would in your own practice. Be sure to consider the cultural background, age, gender, and educational level of your patient as you ask questions or communicate information. Think about using language that is appropriate to the patient as described in the scenario; e.g., colloquial language or cultural terms that patients can understand.

Do not panic if you cannot remember a word or phrase immediately, or if you are unsure of the appropriate word or phrase. If you cannot remember a particular term, you may describe it or paraphrase. Be sure to use whatever terminology you know, even if it is colloquial or is a regional variety of Spanish. **Take advantage of the opportunity to take notes during the assessment to aid your memory. You are responsible for the destruction of all written notes taken during the assessment.**

Please remember that this assessment is confidential and no information about this assessment should be shared or discussed. By entering your access code into the IVR system, you are automatically agreeing to the confidentiality of this assessment.

For more information on the individual sections of the exam, please see the preceding sections of this manual, **"Test Format"** and **"Overview of Subsections."** For examples of the scenarios and tasks you will be asked to perform, please see the **"Sample Test"** at the end of this manual.

ABOUT THE TEST

The CCLA-S Exam consists of three (3) sections, each of which will be described below. All three, however, are designed to elicit Spanish language samples from the candidates that will primarily enable the assessment of their **Spanish language oral production, listening comprehension,** and secondarily assess their English language listening comprehension. This secondary assessment stems from the requirement of having the exam's formal instructions and its question stimuli in spoken and written English, as appropriate. It is necessary to provide the stimuli in English to avoid including the desired Spanish terminology and structure in the questions themselves. It is assumed that all candidates have sufficient English proficiency to perform physician tasks, and so English is not assessed directly in the CCLA-S, but only indirectly. *Finally, it is important to note that, despite the use of English in this exam, this is* **not** *a test of interpreting ability.*

Each section of the exam is structured to reflect authentic language tasks commonly performed by a physician in a primary care setting. As a result, each section contains and assesses a significant sample of the medical register, including general medical terminology, ***as well as*** more colloquial patient speech.

Each section presents one or more health care scenarios that include information about the patient and a set of communicative tasks that the candidate is asked to perform. These tasks are structured as "guided interviews"—rather than a set of open-ended questions—so that language samples of an appropriate range and depth can be elicited from the candidates. In other words, candidates are instructed to perform specific language-oriented tasks (e.g., ask specific questions, report specific information, comfort, persuade, explain, and so on), each of which is designed to elicit specific data about the candidates' communicative competence in Spanish, which includes the linguistic areas of grammatical, discourse, sociolinguistic, and strategic competence. The guided interview structure also adds to the CCLA-S' reliability and validity, as discussed in the **"Technical Information"** section of this manual.

A. Background

The face of the United States is changing. Nationwide, there has been remarkable growth in the number of people whose English proficiency is limited. Nowhere has this growth been greater than in the Latino/Hispanic community. The Latino/Hispanic community is the fastest growing community is the United States. Moreover, the growth of Latino/Hispanics whose primary language is Spanish is more than keeping pace with the growth of the community as a whole. As a result, as this community grows the impact of the language barrier that they face has become increasingly apparent in all facets of American life.

With respect to health care, research makes clear that language barriers impede access to health care, compromise quality of care, and increase the risk of negative health outcomes for patients. It is equally clear that trained and proficient medical interpreters or bilingual health care providers can overcome these language barriers, positively affecting patient satisfaction, quality of care, and health outcomes.

B. Test Format

The CCLA-S examination is a functional performance test of the candidate's ability to perform the tasks of a clinician in a primary care setting in Spanish. It is approximately 40 minutes in length. The test consists of three (3) sections. Section I consists of an introduction to the test, a brief candidate interview, and general instructions for the test. The formal (scored) portion of the test consists of Sections II and IV[1].

Below are descriptions of each of the three (3) sections of the CCLA-S Exam.

Section I: Introduction and General Instructions (Approx. 4 minutes)

Section I is an introduction and warm-up exercise intended to help put the candidates at ease with the raters and to allow them to practice their Spanish briefly prior to the formal portion of the exam. They will be asked several questions in Spanish and are expected to reply in Spanish. Following the interview, the candidates will be read the general instructions to the test. These instructions are printed in the **"Overview of Subsections"** portion of this manual for your review. This section is not scored.

Sections II – IV constitute the formal (scored) portions of the exam.

Section II: Sociocultural Competence (Approx. 24 minutes)

Section II of the exam contains and assesses a significant sample of general medical discourse, terminology, and concepts. In addition, this section is particularly designed to elicit language samples that reflect a candidate's sociocultural competence. This tests the physician's ability to change registers to suit the age, gender, and educational background of the patient. It also tests the physician's ability to understand the culturally appropriate language required in certain medical settings. Section II is comprised of four (4) pre-recorded scenarios, each of which represents a different medical domain and varied sociocultural tasks.

Section IV: Symptoms, Diagnoses, and Treatment (Approx. 12 minutes)

Subsection III is designed to elicit language samples that represent the range of doctor/patient interaction from initial presentation of symptoms through diagnosis and treatment. It is divided into two pre-recorded scenarios, each addressing a different medical domain.

The CCLA-S at-a-Glance

Section	Subsections	Format	Time
I. Introduction		Warm-up Interview	approx 4 min
II. Sociocultural Competence		Guided scenarios into Spanish	approx 24 min
	II(A)	*Each subsection involves a separate medical domain and varied sociocultural issues.*	
	II(B)		
	II(C)		

[1] Sections III and V have been temporarily removed from the CCLA-S assessment.

	II(D)		
IV. Symptoms, Diagnoses, & Treatment		Guided scenarios into Spanish	approx 12 min
	IV(A)	*Each subsection involves a separate medical domain.*	
	IV(B)		

C. Overview of Subsections

Section I: Introduction and General Instructions (Approx. 4 minutes)

As described above, Section I of the CCLA-S is a short introduction and interview. This section is not scored. Instead, it is intended to allow the candidate to warm up, relax, and begin thinking and speaking in Spanish. **Please be sure to speak in a clear and loud voice so that the recording system will be able to hear you.**

The exact instructions for this subsection will be read to you as follows:

Bienvenido(a) a la Evaluación Cultural y Lingüística Para Médicos Clínicos en Español. Como ya sabe usted, hoy vamos a evaluar su habilidad para comunicarse con sus pacientes en español, no su dominio de gramática. Todas sus respuestas a las preguntas, situaciones o documentos que se le presenten deberán ser únicamente en español.

Antes de empezar el examen, queremos darle la oportunidad de relajarse y sentirse cómodo/a hablando español. Le haré un par de preguntas sobre usted como ejercicio preliminar. Esta porción del examen no contará en su calificación final.

Following this short interview, the following General Instructions will be read:

Ahora comenzará la parte formal del examen.

General Instructions (2 MINUTOS):

This test requires you to elicit symptoms, give diagnoses, report findings, and prescribe treatments in Spanish. In each section of the test, you will hear a description of a patient who has come to see you. This description may include their sex, age, emotional state, and educational level. Please communicate with your Spanish-speaking patients in a manner appropriate to their diverse backgrounds and level of language in order to obtain and impart medical information.

In each section, your patient will tell you in Spanish about his or her symptoms or concerns. You will then be instructed to perform a set of communicative tasks. When you communicate, please remember to address your patient. For example, if the task is to: "Ask your patient when her last menstrual cycle was," you should say in Spanish: "Señora, ¿cuándo tuvo su última regla?"

If you like, you can take notes. If you do not know a technical medical term in Spanish, you may use other words to describe the concept. You will be given sufficient time to communicate in Spanish. However, if you are interrupted by the next instruction, stop speaking and listen to the new instruction. We will be assessing your ability to communicate, not your grammatical perfection. We will also be listening for your ability to connect with patients,

accommodate their individual needs, and allow them to participate in their care.

We will now start the recording.

Section II: Sociocultural Competence (Approx. 24 minutes)

As described above, this section consists of **four separate scenarios**, each of which is pre-recorded. Each scenario concerns a separate medical domain—for example, pediatric or dermatological—but none of these domains presume a specialist's knowledge. In this section in particular, each scenario will also present you with a particular sociocultural issue that you will required to address.

Each scenario will begin with instructions in Spanish, which will include information about the age and other pertinent characteristics of your patient. Following this you will hear your patient talk about his or her medical concerns. You will then hear the instruction, **"Ahora comuníquele lo siguiente directamente a su paciente."** This instruction will be followed by a series of communicative tasks presented on the recording in English. These tasks will require you to, for example, instruct your patient on a relevant procedure, inquire about a specific symptom, explain a diagnosis, and so on.

Following each task, you will be given ample time to respond, about 20-60 seconds, depending on the complexity of the task. Be sure to respond directly to the point. It is to your advantage to use all of the time allotted. **Please be sure to speak in a clear and loud voice so that the system will be able to recognize your voice.**

As with all sections, your performance will be recorded for later scoring. For all sections, raters will assess your Communicative Competence, as well as your Customer Service, Fluency, and Pronunciation. Only Section II will be subjectively scored a second time. In this second scoring, raters will subjectively assess your Cultural Proficiency, as determined by your performance on Section II only. (See "Evaluation of the Test" for more information.)

Section IV: Symptoms, Diagnoses, and Treatment (Approx. 12 minutes)

Section IV has exactly the same structure as Section II. It consists of **two separate scenarios** which are pre-recorded. Each scenario concerns a separate medical domain—for example, pediatric or dermatological—but none of these domains presume a specialist's knowledge. **Please be sure to speak in a clear and loud voice so that the system will be able to recognize your voice.**

Each scenario will begin with instructions in Spanish, which will include information about the age and other pertinent characteristics of your patient. Following this you will hear your patient talk about his or her medical concerns. You will then hear the instruction, **"Ahora comuníquele lo siguiente directamente a su paciente."** This instruction will be followed by a series of communicative tasks presented on the recording in English. These tasks will require you to, for example, instruct your patient on a relevant procedure, inquire about a specific symptom, explain a diagnosis, and so on.

Following each task, you will be given 20-60 seconds to respond, depending on the complexity of the task. Be sure to respond directly to the point. It is to your advantage to use all of the time allotted.

EVALUATION OF THE TEST

A. What the CCLA-S Measures

The CCLA-S assesses candidates' Spanish proficiency along the following five dimensions:

1. **Communicative Competence:** the ability to meaningfully and accurately understand and produce Spanish in the medical setting in a culturally appropriate way.
2. **Fluency:** the ease with which a candidate can produce native-like Spanish, including the degree of hesitation, the clarity of speech sounds, and the appropriate use of rhythm, stress, and intonation.
3. **Pronunciation:** the degree of Spanish phonology, accent, and related comprehensibility.
4. **Customer Service:** the ability to make medical issues and concepts accessible to the patient.
5. **Cultural Proficiency:** the ability to recognize and respect the patients' expressed beliefs. It also includes comprehension of idiomatic and colloquial speech.

Of these dimensions, **Communicative Competence is assessed though the CCLA-S' Objective Assessment mechanism (as described below). The remaining four dimensions are assessed through the Subjective Assessment system (see below).**

A(i) Communicative Competence

Communicative Competence is a definition of language proficiency that is based on the assumption that speakers of a language must have more than grammatical competence in order to be able communicate effectively in a language: they also need to know how language is used by members of a speech community to accomplish their purposes. The standard in this test is communicative competence, because it more fully assesses the ability of a physician to understand his or her patients and to communicate with them. **Communicative Competence** can be broken into four component competencies:

1. **Grammatical Competence** includes the rules of morphology (grammar/tense), syntax (word order), semantics (vocabulary), and phonology (sound system, intonation). If a doctor can use grammar well to construct meaning, then he has a degree of grammatical competence.
2. **Discourse Competence** concerns the ability to connect sentences in discourse and to form a meaningful whole out of a series of utterances. If a doctor can use language effectively in a logical and connected way to persuade or explain, he is demonstrating discourse competence.
3. **Sociolinguistic Competence** refers to an understanding of the social or cultural context in which language is used: the roles of the participants, the information they share, and the purpose of the interaction. If a doctor can adjust her style of speaking according to the age, gender, or educational status of a patient, and use culturally appropriate language, then she can be said to possess sociolinguistic competence.
4. **Strategic Competence** is the verbal and non-verbal communication strategies that may be used to compensate for insufficient grammatical competence or breakdowns in

communication (circumlocution, or paraphrasing when a speaker does not know a technical term). If a doctor describes a procedure but does not have the terminology in Spanish, he can be said to be using strategic competence.

Together, these four dimensions of language proficiency, define the principal construct assessed by the CCLA-S. Throughout this manual, this is referred to as **"Communicative Competence."**

A(ii) Register

An essential component of sociolinguistic communicative competence is **register**, which is a linguistic term that defines the use of a particular variety of language according to the context. For example, we call the kind of language used in the medical profession the "medical register," which is composed of the special vocabulary and the terms of art used among practitioners in the medical profession. Specialized registers are attached to the language of many professions and occupations, e.g., legal language, engineer language, academic language, and so on.

Additionally, register refers to the language styles we use in different situations and contexts. For example, the formality of our speaking style changes, depending on the background of the person we are talking to, and considering such factors as age, culture, education, gender, and social status. Martin Joos, a linguist, hypothesized that English has five levels of register, or formality:

(1) Frozen Language is concretized language that never changes, e.g., legal or medical phraseology, terms of art, oftentimes Greek or Latin constructions. For example:
- *"Basilar migraine is distinguished from other bilateral cephalgia by aura symptoms clearly originating from the brainstem or from both occipital lobes."*
- It can also include prescribed and invariant uses of language, such as the expression *"The patient presented with…"*

(2) Formal Language is the kind of language used by a speaker giving a lecture or making a presentation. In this style the sentence structure is complex, there is little interaction between the speaker and the audience, because it is not typically an interactive conversation. For example:
- *"The patient presented with a headache localized at the right temple and nausea."*
- *"The patient presented with diplopia."*
- *"The patient complains of tintinitus and vertigo, and further tests are indicated."*

(3) Consultative is the kind of language used by teachers, doctors, technicians, and other experts who are explaining a concept or a procedure using some technical terms, but at the same time, interacting with the audience or person. For example:
- *"What other symptoms have you had besides nausea and headache?"*
- *"How long have you been having double vision?"*
- *"How long have you experienced dizziness and the ringing in your ears?"*

(4) Colloquial is the kind of language used in "everyday" conversation. More understandable language is used, and greater sense of speaking at a level the listener will comprehend. There is less use of technical terminology, and if it is used it is explained and examples are given. Colloquial language tends to use more idiomatic expressions and even slang, in the interest of making the communication understandable. For example:

- *"I feel like somebody put my head in a vice and I feel sick to my stomach."*
- *"I don't know what's wrong, I see two of everything."*
- *"I keep hearing this ringing in my ears and feel really dizzy."*

(5) Intimate is the kind of language used between very close friends and family members. Because there is an intimate relationship between participants in the conversation, there is less attention paid to specific references, and often this kind of speech is "non-referential," meaning that there is less specificity about what a pronoun or refers to. For example:

- *"My head is killing me and I feel like I'm totally going to throw up."*
- *"Everything's all messed up."*

We all use different registers, depending on the speech situation we're in. We speak differently to our friends than we do to our professors. A doctor who is trying to help a patient understand something will "lower" the register of his speech in order to make herself as comprehensible as possible. We ascertain the register we should be using by taking into consideration, age, gender, educational, and cultural background. Would a recent uneducated immigrant need more or less technical words? How much explanation would you have to give to make something understandable? If you were speaking to a child, would you use **lower** or **higher** register? If you used a high level register with a person who does not have a high educational level, what would the impact be? Usually, the effect is that you are excluding the person from truly understanding your explanation; in effect "withholding" information instead of sharing it. Therefore, it's a good idea to lower register when you know that the person may not have the educational background or cultural background to understand medical, scientific explanations. This has nothing to do with intelligence; it has to do with knowledge and experience with technical vocabulary. We speak to a child differently than we speak to an adult. What are those differences? We speak to an elderly woman or man differently than we would to a young adult. In Spanish, we use different forms of address, using formal address (usted) and formal conjugations of verbs with elders and familiar forms of address (tú) with younger people. In addition to lowering the register, you can also help comprehensibility by making sure that you make references to cultural styles (such as the use of the diminutive) to show compassion or the use of a particular or related cultural term for a sickness.

Keep this kind of speech style adjustment in mind during the examination. You will be expected to demonstrate an appropriate proficiency at manipulating register to foster effective communication.

B. The CCLA-S Scoring System

The scoring system used in the CCLA-S is a variation of the innovative system originally developed by UA NCITRP Director, Dr. Roseann González, for the Federal Court Interpreter Certification Exam, which has set the standard in language proficiency testing in the field of interpretation. The purpose of the CCLA-S scoring system is to provide a replicable, fair, and valid device for assessing the Spanish proficiency of bilingual physicians. **The function of this system is to assess a speaker's accuracy in conveying meaning in Spanish,** i.e., the candidate's **communicative competence.** There are two parts to the system: objective assessment and subjective assessment. The objective assessment will be used specifically to determine candidates' communicative competence. The subjective assessment will supplement this by evaluating candidates' performance along several cultural and linguistic dimensions. Each of these will be discussed below.

B(i) Objective Assessment

The objective assessment of a candidate's level of Spanish proficiency will be determined by how many **Objective Scoring Units** the candidate renders appropriately.

Objective Scoring Units are contained in every section except the Introduction (Section I), which is, of course, not scored. They represent significant words, phrases, and clauses that are found in and critical to doctor/patient communication. These include specialized medical terminology, register variation, rhetorical features, general vocabulary, grammatical structures, and appropriate sociocultural discourse.

In the Sample Test at the end of this manual, the Objective units are identified in the text by underlining; for example, "dilate," as found in Sample #2 These are included in the Sample Test to give candidates some idea of the kinds of items tested. **In the actual CCLA-S, scoring units are distributed throughout the entire exam.**

In some instances, the underlined scoring unit may require the candidate to provide several pieces of information. For example, the item "explain," as found in Sample #2, requires the candidate to provide more than one piece of information on the given topic. In this case, the raters may award more than one point for that scoring unit.

Each of the CCLA-S' 114 Objective Scoring Units will be assessed according to how well the candidate conveys meaning. In other words, can the candidate communicate the meaning or concept in understandable, coherent, fluent Spanish. Grammatical perfection is not the goal. Rather, the question is whether the candidate can successfully communicate with the patient without distorting or omitting anything. The final criterion is whether the candidate has sufficient linguistic capability in Spanish to ensure that the patient receives information that is as complete and comprehensible as would an English-speaking patient. In other words, was the correct meaning rendered in such a way that a patient could understand the medical content?

The Objective Scoring Units are scored in strict compliance with established guidelines for accuracy. In the test development process, a large glossary of "acceptable" and "unacceptable" renditions of each scoring unit has been established. **The acceptability of these renditions depends solely on the semantic meaning being conveyed, rather than on the literal words used.** Naturally, this glossary is not exhaustive. Instead, it serves as a guide to the raters in assessing candidates' responses. Raters are trained in its use, and trained to assess novel renditions not included in the glossary. The raters will reach a consensus on the acceptability of novel responses, which may then be added to the glossary. In this way, candidates are afforded an empirically-based, objective scoring system that is nevertheless sensitive to the dynamic variation in language. The result is the assessment of a significant, objective language sample dedicated to the assessment of candidates' ability to accurately and faithfully convey meaning.

Because there are so many Objective Scoring Units, it is important to reiterate that it is to your advantage to respond to each task completely. Using your time wisely and answering as completely as you can are the best possible approaches to the exam.

Below is a table that summarizes the distribution of Objective Scoring Units throughout the formal (i.e., scorable) sections of the CCLA-S:

Section	Subsection	# Objective Units
II: *Socio-Cultural Competence*		**76**
	II (A)	20
	II (B)	13
	II (C)	27
	II (D)	16
IV: *Symptoms, Diagnoses, and Treatment*		**38**
	IV (A)	21
	IV (B)	17
	TOTAL SCORING UNITS:	**114**

B(ii) Subjective Assessment

There are two general categories of subjective assessment in the CCLA-S. The first consists of **"Fluency," "Pronunciation"** and **"Customer Service."** For Sections II—V of the exam, each of these dimensions is assessed holistically on a four-point scale (see insert); that is, immediately following each section, the raters will assess an overall score from 1-4 for each of these subjective dimensions. The second category is "**Cultural Proficiency,"** which is assessed separately from the other subjective dimensions, as discussed below. Only Section II is considered in the assessment of Cultural Proficiency. ***It is important to note that each of these dimensions are to be understood in terms of candidate language use, and not in any other way.*** Below are definitions of each of these subjective criteria:

Subjective Scoring Scale
4= Superior Proficiency
3= Proficient
2= Approaching Proficiency
1= Novice Proficiency

1. Fluency is a measure of the ease with which a candidate can produce native-like Spanish, including the control of grammar, the degree of hesitation, and the need to repair communication. Examples of Fluency assessment include:

- Speaks without hesitation, rarely needs to repair communication, and is highly intelligible (Superior Proficiency)
- Occasionally speaks with hesitation and needs to repair communication, but speech is intelligible even with errors (Proficient)
- Frequently speaks with hesitation and often needs to repair communication, which interferes with communication (Approaching Proficiency)
- Consistently speaks with hesitation and needs to repair communication, making speech unintelligible to native speakers (Novice Proficiency)

2. Pronunciation is the measure of the degree to which a candidate has acquired the phonology of Spanish and the appropriate use of rhythm, stress, and intonation, and the extent to which an accent might impede communication. Examples of Pronunciation assessment include:

- Has native or native-like pronunciation and the use of rhythm, stress, and intonation (Superior Proficiency)
- Has acceptable pronunciation and use of rhythm, stress, and intonation that does not interfere with meaning (Proficient)
- Approaching acceptable pronunciation and the use of rhythm, stress, and intonation, but makes frequent errors that interfere with communication (Approaching Proficiency)
- Non-native-like pronunciation and consistent errors in rhythm, stress, and intonation that make speech incomprehensible to native speakers (Novice Proficiency)

3. Customer Service, in linguistic terms, can be understood as candidates' ability to make their linguistic interaction accessible to the patient. There is certainly some overlap with Cultural Proficiency, but Customer Service can be understood as more specifically involving accessibility to medical issues and concepts. In a sense, Customer Service concerns the candidate's ability to foster the patient's access to the medical culture. Examples of Customer Service include:

- Giving a synonym for a medical term;
- Defining technical terms using simpler words;
- Giving an example/asks more questions/or provides details that allows the patient better comprehension;
- Explaining the significance/importance of the word, behavior, concept, diagnosis, procedure or treatment;
- Detailing immediate or future medical consequences of failure to comply;
- Detailing immediate or future consequences of compliance ; and,
- Relating the communication to prior/future medical advise, thereby making it more meaningful or comprehensible.

4. Cultural Proficiency assesses the candidates' ability to recognize and respect the patients' expressed cultural beliefs. It also includes comprehension of idiomatic and colloquial speech. Candidates demonstrate cultural proficiency when they show that they recognize their patients may have different worldviews and maintain a respectful attitude towards their folk beliefs, medical customs, and other social customs, such as inclusion of family members in medical care. Cultural proficiency can be viewed as four categories:

(a) Respect
(b) Connection
(c) Accommodation
(d) Empowerment

Respect is foundational to the remaining three categories: it is due to respect that the culturally proficient individual connects to the patient's culture and language, adapts his/her level of language to the patient's, and empowers the patient to participate in his or her own health care or includes their family members in the health care decision-making process. Examples of how culturally proficient physicians connect with, accommodate, and empower their patients follow below.

<u>Connecting with the Patient's Culture</u>

a. Lowering of the register of language (not just one word, but the entire communication) in order to make the medical setting more comprehensible.
b. Choosing to not use a medical term (one word or phrase) when a cultural or more familiar term is more understandable.

c. Using appropriate forms of address depending on age, gender, status (e.g., Señor, Señora, Señorita).
d. Addressing patients formally during initial contact in medical settings.
e. Using the *usted* form of verbs in most instances, thereby demonstrating that they understand the formality of the setting; the exception is the use of the *tú* form of a verb in order to build rapport with the patient.
f. Asking questions/making comments not related to the medical issue in order to establish rapport.
g. Using a soothing or calming tone of voice to break bad news or to reassure a patient.
h. Using diminutives and terms of endearment when appropriate (i.e., *mija*).

Accommodating the Patients Cultural/Linguistic Level

Accommodation builds on connection. Examples include:

a. Changing speech patterns or styles to accommodate a patient's age, gender, or educational level (e.g., health literacy).
b. Using synonyms, examples, explanations, or definitions that are familiar to the culture or personal to the patient, thus making the communication more meaningful (e.g., using information from the patient scenarios to advise a patient).
c. Asking questions or making comments to the patient in order to break down communication barriers to engender trust (e.g., elicits patient's perspectives on health care beliefs and practices).
d. Expressing concern for the patient's welfare as part of the assessment (e.g., telling the patients that you want to help/cure/comfort them).
e. Demonstrating sensitivity to potentially vulgar/embarrassing terms as perceived by cultural group members through either word choice, or choosing not to use a term (e.g., instead of saying *vagina* saying *su parte* [*your personal part* (in this context)]).

Empowering Patients

Empowerment continues to build on accommodation and connection. Examples include:

a. Demonstrating shared decision making by involving the patient in the medical diagnosis and/or treatment process. This may entail engaging patients in a negotiation that achieves an agreeable plan.
b. Recognizing the support structure of the patient and possibly involving appropriate support members.
c. Providing resources to patient in a personalized/cultural context (e.g., Latino Diabetic Diet handout).
d. Acknowledging to patient their folk beliefs and their traditional non-western medical practices (e.g., *"I know a lot of people drink chamomile teas to get better. I am not aware of its helpful or harmful properties. Therefore, I cannot make recommendations to continue or stop. I understand if you wish to continue taking it").*

As mentioned earlier, the scoring of Cultural Proficiency is done during a second rating of the candidate's performance in Section II only. During this period, the raters listen specifically for evidence of connection, accommodation, and empowerment in the candidate's performance of each communicative task, indicating it on the scoring sheet.

The Function of the Scorable Units and Subjective Scoring

For purposes of candidate assessment with the CCLA-S, the objective scoring units determine the candidate's level of proficiency, or "Communicative Competence." The percentage of Objective Scoring Units required for proficiency has been established empirically through piloting the CCLA-S. **Clinicians meeting this minimum level of proficiency are considered to be proficient in performing their duties in Spanish.**

The subjective assessment supplements these data along the cultural and linguistic dimensions described above. For all candidates, the objective and subjective assessments combined will provide a precise tool for recommending continuing education and training specific to the strengths and weaknesses of each candidate, in the interest of maximizing patient satisfaction and positive health outcomes.

Finally, it is important to remember that the comments expressed by the raters of the CCLA-S are comments based solely on your performance during the testing session. These comments are made only to give insight into your performance during the examination and do not purport to describe a person's ability outside the test performance itself.

TECHNICAL INFORMATION

A. RELIABILITY

In order to ensure that the examination is reliable, both the testing procedure and the scoring of the CCLA-S are standardized. Standardization requires that the length, difficulty, and testing process of the examination be identical. The testing process for any candidate is uniform, regardless of where or by whom the examination is administered. Each candidate receives the same instruction and test stimuli, according to specified administration procedures.

Further, the structure of the exam stimuli and objective scoring system employed in the CCLA-S enables accurate and consistent scoring, which improves the exam's statistical inter-rater reliability, overall reliability, and validity.

B. VALIDITY

The validity of the examination is of the utmost importance because of the significant impact that patient/doctor communication has on patient care and health outcomes. The major criterion for a functional test of proficiency is that the skills tested should be related to real life situations. For this reason, the CCLA-S examination is based on a synthesis of experience and research of medical doctors, practicing interpreters, and testing experts. Typical language proficiency evaluation is based solely on subjective assessment. However, for the CCLA-S examination a two-part system was employed to ensure the validity of the test: objective and subjective assessment.

SAMPLE TEST

In this section of the Candidate's Manual, you will find two samples of the kind of communicative tasks you will be asked to perform on the CCLA-S.

Sample #1 and Sample #2 are examples of the guided scenarios you will encounter in Sections II and III of the CCLA-S. Recall that in the actual exam, you will be listening to these rather than reading them. To help you prepare for the CCLA-S, it is recommended that you have someone read these sample scenarios to you or, better yet, have someone record them for your use. You may then want to record your own performance for review. This exercise may be worth carrying out several times before you actually read the samples for yourself.

When you do read the samples directly, you may want to compare your renditions to the tasks you are asked to perform. Pay particular attention to the underlined examples of Objective Scoring Units. Ask yourself the following questions:

- Did you touch on each of these items?
- Was you rendition complete, or was there more to say that you left out?
- Was the terminology you used appropriate, or did you describe or paraphrase the concept?
- What other ways can you think of to get the same idea across?
- How long did you take to respond to each item? How much of your response was on topic?

These and similar questions will help you get a sense of your performance, and an idea of your strengths and weaknesses in Spanish.

Below are the Sample Scenarios and Exercises.

Sample #1 – Accidente

Direcciones:

Su paciente es un hombre de 27 (veinte y siete) años, a quien han atendido por lesiones recibidas en un accidente automovilístico y ha venido para una cita de seguimiento. Su esposa fue herida seriamente en el mismo accidente. Después de escuchar los comentarios de su paciente, vamos a pedirle que le comunique cierta información importante.

Ahora escuche a su paciente:

Doctor, hoy vine porque me duele el pecho y no puedo moverme bien. También vengo porque las pastillas que me dió no sirven y el dolor me está matando. Y aparte, quería preguntarle por mi querida esposa. ¿Usted cree que va a salir de esta? Estoy mortificandísimo y rezándole a dios que no se la lleve.

Ahora comuníquele lo siguiente directamente a su paciente:

1. Assure him that his wife is stable and that she is responding nicely to the surgery she had to repair her broken arm.

2. Ask him if his sprained ankle is causing him pain and tell him to only engage in activity as tolerated.

3. Ask him if the swelling has subsided and if he has been running a fever.

4. Tell him that, after examination, you believe his fractures have begun to mend and that with some time his abrasions will also heal.

5. Tell him you are giving him new prescriptions for a muscle relaxant, and something to relieve the pain.

6. Tell him that if these drugs don't take care of the pain in his leg, to call the office.

Sample #2 – Infección del Ojo

Direcciones:

Su paciente es un niño de 6 (seis) años acompañado por su mamá. Después de escuchar a los comentarios de la mamá, vamos a pedirle que se comunique con ellos de manera apropiada a su edad y cultura.

Ahora escuche a la mamá:

Ay doctor, ¿qué le pasa a mi muchachito? Sus ojos están rojos y hinchados. Luego, le sale mucha porquería de los ojos. Les puse toallas calientes, pero están peores. ¿No hay algún ungüento que me pueda dar para ponerles?

Ahora comuníquele lo siguiente directamente a su paciente y a la mamá:

1) Respond to the mother's question and explain what you think your patient, the little boy, has.

2) Ask your patient if his eyes itch, and if he has been scratching them.

3) Ask the mother about the amount of discharge coming from his eyes, what color the discharge is, and what texture it is.

4) Ask the mother if her son has ever had an eye infection, conjunctivitis, or any eye disorder before.

5) Tell the mother you will give her a prescription for some liquid medicine and not to worry if her son's eyes dilate and he experiences blurry vision.

6) Tell the mother that the dosage to be administered to her son is 2 drops in both eyes, 3 times a day, for the next 14 days.