

Clinician Multilingualism: A Missing Piece in the Language Access Puzzle

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Paving the Way Conference

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*NELP: Non-English language preference

“Communicating with patients with NELP is the interpreter’s responsibility”

We don’t teach doctors to communicate (with NELP populations)

“Interpreters will fix the doctor’s general communication deficits”

We don’t teach doctors to partner with interpreters

We blame each other, and we blame patients

We are constantly plugging holes

We don’t hold health systems accountable for language-appropriate care

We don’t address how doctors determine when to use their own language skills with patients

Myth cycle

- ✓ interpreters fill gaps
- ✓ many multilingual clinicians fill gaps as ad hoc interpreters
- ✓ many clinicians use partial language skills with patients

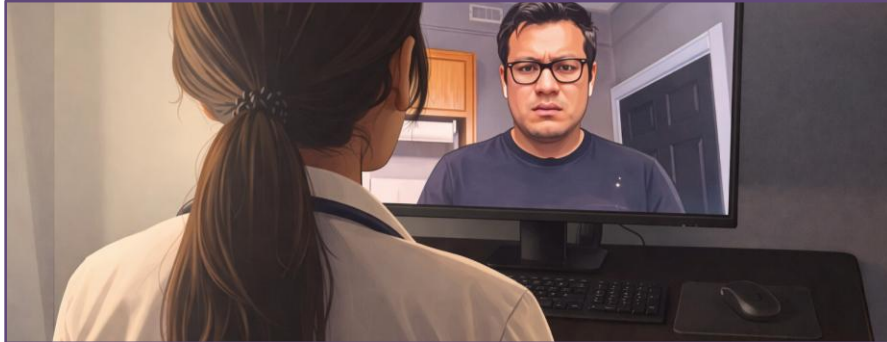
- ✓ overuse of jargon
- ✓ lack of rapport-building
- ✓ lack of cultural responsiveness

- ✓ limited health literacy
- ✓ “poor historian”
- ✓ “interpreter did a bad job”

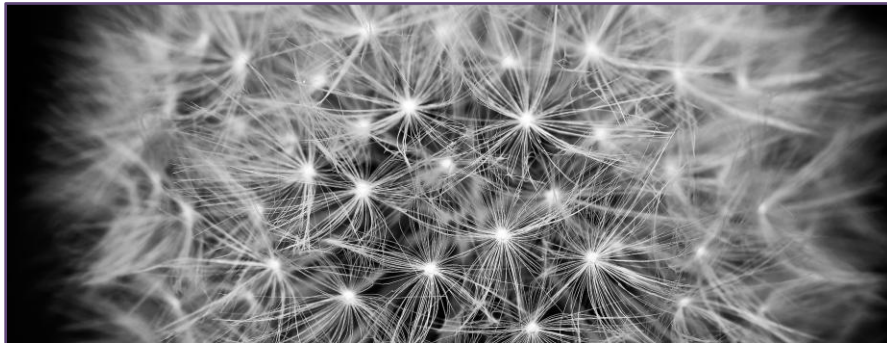
Learning Objectives



Describe available data on clinician multilingualism



Explain the evidence for evaluating clinician language skills: POLOM



Apply & disseminate strategies to enhance interpreter-clinician collaboration

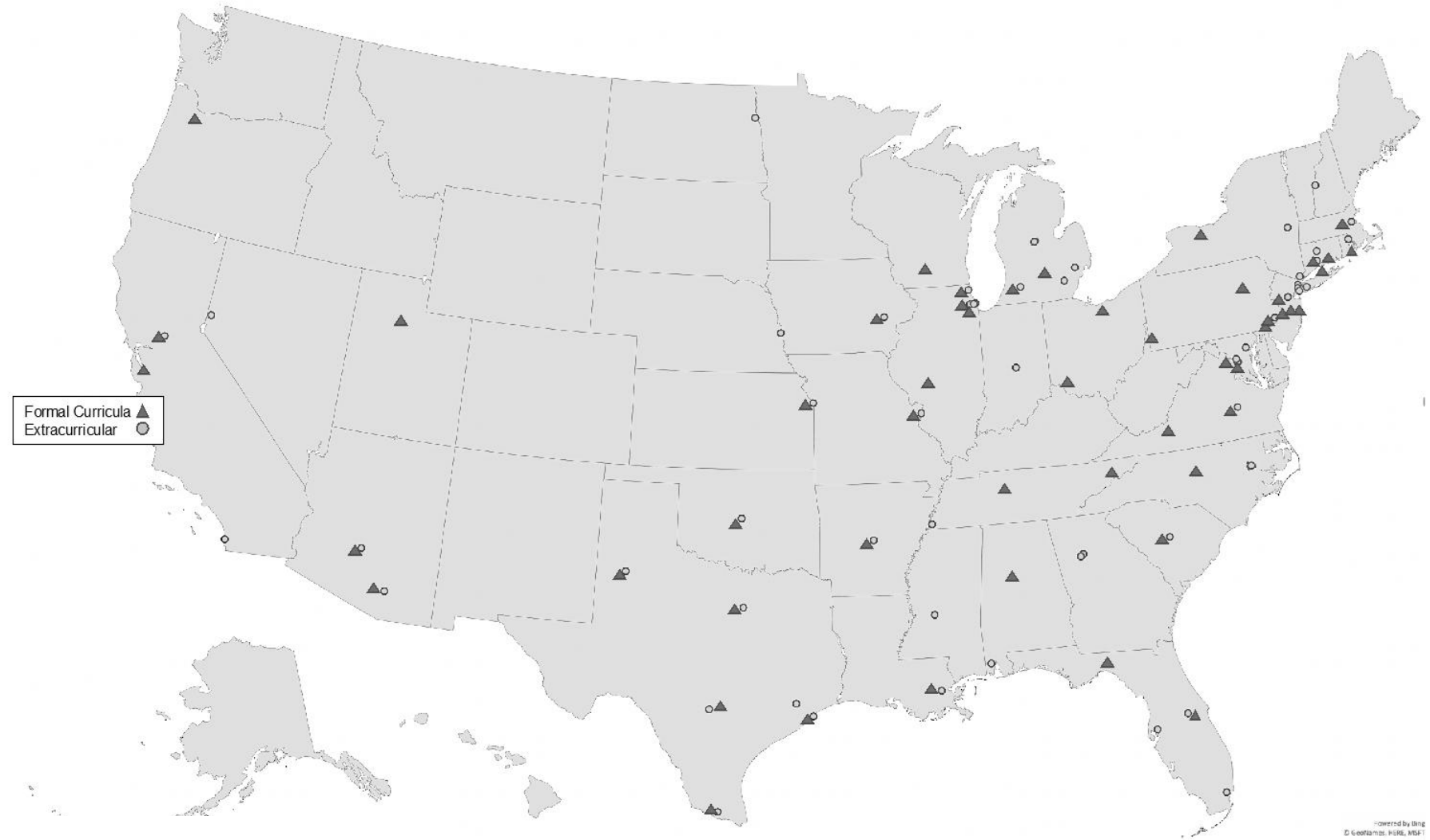
Clinician multilingualism



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Clinician and learner demand for language education and assessment








J Gen Intern Med. 2021;36(9):2

Medical Spanish in US Medical Schools: a National Survey to Examine Existing Programs

Pilar Ortega, MD^{1,2}, Nicolás O. Francone, BS³, María Paola Santos, BS⁴, Jorge A. Girotti, PhD, MHA¹, Tiffany M. Shin, MD⁵, Nielufar Varjavand, MD⁶, and Yoon Soo Park, PhD⁷

Self-Assessment: Interagency Language Roundtable for Healthcare (ILR-H) Scale

<p>Excellent</p> 	<p>Speaks proficiently, equivalent to that of an educated speaker, and is skilled at incorporating appropriate medical terminology and concepts into communication. Has complete fluency in the language 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 references.</p>
<p>Very Good</p> 	<p>Able to use the language fluently and accurately on all levels related to work needs in a healthcare setting. 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. Language ability only rarely hinders him/her in performing any task requiring language; yet, the individual would seldom be perceived as a native.</p>
<p>Good</p> 	<p>Able to speak the language with sufficient accuracy and vocabulary to have effective formal and informal conversations on most familiar topics. Although cultural references, proverbs and the implications of nuances and idiom may not be fully understood, the individual can easily repair the conversation. May have some difficulty communicating necessary health concepts.</p>
<p>Fair</p> 	<p>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. The individual can get the gist of most everyday conversations but has difficulty communicating about healthcare concepts.</p>
<p>Poor</p> 	<p>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 to understand. Unable to understand or communicate most healthcare concepts.</p>

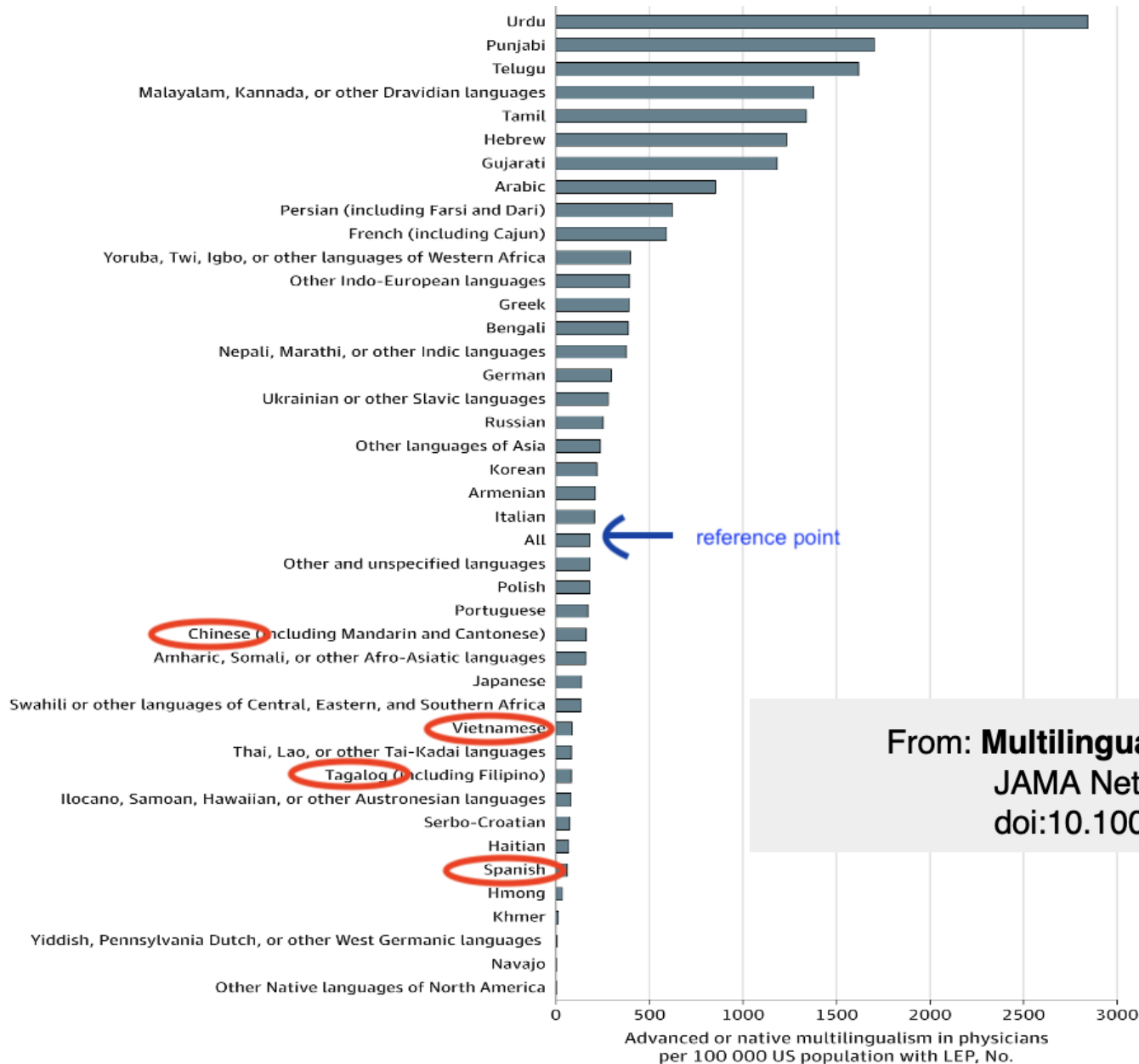
Diamond LC, Luft HS, Chung S, Jacobs EA. "Does this doctor speak my language?" Improving the characterization of physician non-English language skills. *Health Serv Res.* 2012

What do we know about US physician language skills?

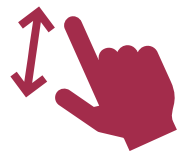
Of 107,610 first-year resident physicians (PGY1s) 2022-2024

- 72% reported a non-English language (any level)
- 37% reported advanced/native level
- 43% reported Spanish (any level)
- 23% reported advanced/native Spanish

Ratio of US advanced/native multilingual PGY1s per 100,000 US persons with limited English proficiency, by language (2022-24)




From: **Multilingualism Among First-Year Resident Physicians**
 JAMA Netw Open. 2025;8(11):e2542587.
 doi:10.1001/jamanetworkopen.2025.42587



Language skills vary by specialty

Specialty Trends in First-Year Resident Physician Multilingualism from 2013 to 2024 [Get access >](#)

Montserrat Tijerina, Rahardhika Utama, PhD, Muveddet Harris, MS, Pilar Ortega, MD, MGM 

Academic Medicine, wvag052, <https://doi.org/10.1093/acamed/wvag052>

Published: 25 February 2026 **Article history** ▼

- Surgical specialties have lower proportion (27%) of advanced/native multilingual first-year residents compared to medical specialties (35%, $P < 0.001$)

Clinician language skills, identity, and race/ethnicity

- Asian resident physicians had **8.5x** odds of advanced/native multilingualism compared to White PGY1s
- Black/African American **1.9x**
- Hispanic/Latinx **11.3x**
- Native Hawaiian or Other Pacific Islander **4.5x**

Patients with non-English language preference are 18x more likely to be cared for by a Hispanic physician

Table 1. Unadjusted Association Between Disadvantaged Population and Receipt of Care From White vs Black, Hispanic, and Asian Physicians, Medical Expenditure Panel Survey, 2010

Patient Characteristic	No. (%)		Unadjusted Odds Ratio (95% CI) ^a	Millions of Patients With a Hispanic Physician, No. (%)	Unadjusted Odds Ratio (95% CI) ^b	Millions of Patients With an Asian Physician, No. (%)	Unadjusted Odds Ratio (95% CI) ^c
	Millions of Patients With a White Physician	Millions of Patients With a Black Physician					
English home language	60.6 (97.3)	3.2 (96.8)	1 [Reference]	3.9 (66.7)	1 [Reference]	7.9 (80.4)	1 [Reference]
Non-English home language	1.7 (2.7)	0.1 (3.2)	1.18 (0.51-2.69)	2.1 (33.4)	17.83 (12.80-24.82)	1.9 (19.6)	8.69 (6.19-12.19)

^a Odds of patients in a demographic group reporting a black physician relative to non-Hispanic white patients reporting a black physician.

^b Odds of patients in a demographic group reporting a Hispanic physician

relative to non-Hispanic white patients reporting a Hispanic physician.

^c Odds of patients in a demographic group reporting an Asian physician relative to non-Hispanic white patients reporting an Asian physician.

Marrast LM, et al. *JAMA Intern Med.* 2014;174(2):289-291.

ORIGINAL PAPER

Spanish-Speaking Resident Physicians in the United States: Aligning Workforce Skill and Population Need

Pilar Ortega^{1,2} · Rahardhika Utama³ · Montserrat Tijerina⁴ · Muveddet Harris³

- The most common level was “Basic” (44%)
- The least common levels were “Advanced” and “Native/Functionally Native” (23%)
- **84% learned Spanish in school** v. 16% heritage learners
 - Of advanced/native level speakers, 47% were L2 learners and 53% were heritage learners
- Heritage learner physicians **44x more likely** to report advanced/native skills



Language in Physician Professional Identity Formation

Right now, I'm working at a clinic where all my patients are Spanish-speaking. And you're like "This is who I am," but then you're like "Wow, it's really important to be who I am, where I am right now."

JOURNAL ARTICLE CORRECTED PROOF

"It's very powerful": language as a complex asset among Latinx medical students and residents [Get access >](#)

Nicole A Perez, PhD ✉, Lynda Lopez, MA, Andrea Cespedes Zablah, Pablo E Puente, Pilar Ortega, MD, MGM

Academic Medicine, wvag041, <https://doi.org/10.1093/acamed/wvag041>

Published: 15 February 2026 [Article history ▼](#)

You were pulled in to help [interpret], but you weren't given extra pay... support in your patient load... But I will say that I've never said no. I just felt like I couldn't.

They trust you quickly... I think more so than an English-speaking person trusts me. The Spanish-speaking patients release that fear and they're like "Oh my God, it's one of us in a way."

What if my [interpretations] are incorrect?... So then I feel really shameful. That I don't have the fluency that I feel like I should have, and that my patients might look down on me for letting the community down.

What do we conclude?

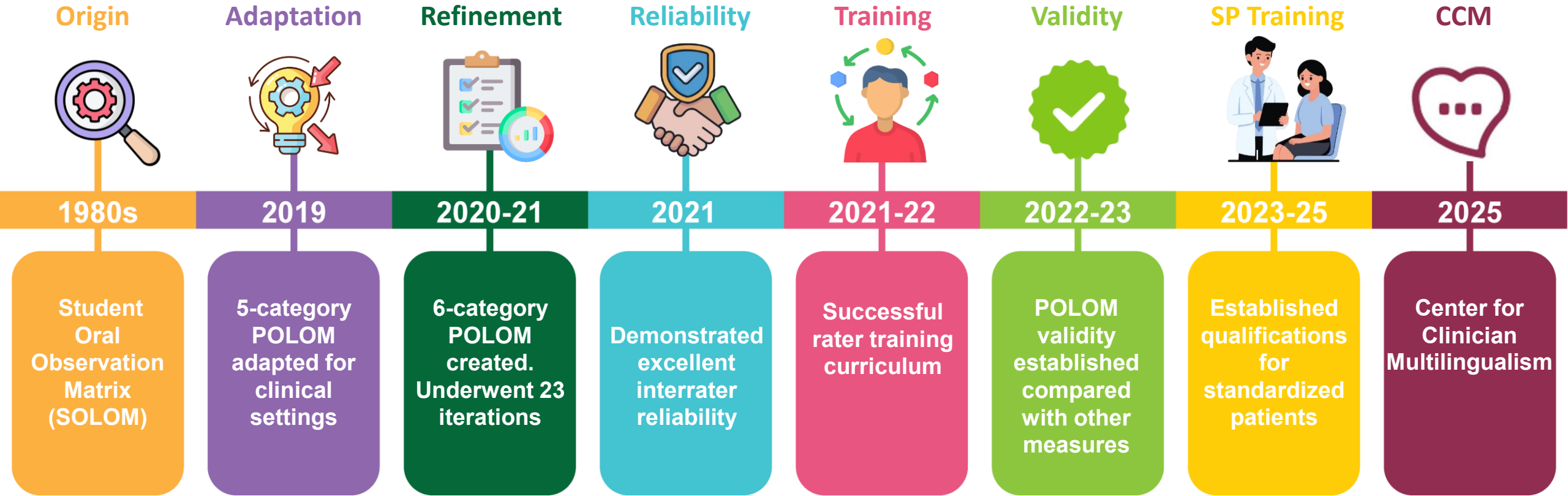
- Most physicians report skills in at least one non-English language
- Multilingualism is **not** restricted to clinicians of only some races/ethnicities, specialties, or geographic areas though it does differentially impact different groups
- Self-assessment can only get us so far

Measuring clinician language proficiency: POLOM



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POLOM History



Physician Oral Language Observation Matrix (POLOM)

A **validated, reliable** rating rubric to measure observed clinician language proficiency in **standardized patient encounters** when used by **trained, calibrated raters**

Domain	Level 1	Level 2	Level 3	Level 4	Level 5
Comprehension					
Fluency/Fluidity					
Vocabulary					
Pronunciation					
Grammar					
Communication					



Level 5

[Detailed descriptor]



Multilingual Clinician Spanish Certification Exam



- Publicly **available POLOM rubric** that faculty can learn to use and makes performance expectations transparent for examinees
- **Authentic** clinical situation
- Strong **validity evidence** for language-concordant skills (not interpreting)

Formative components

Category	Detailed feedback
Comprehension	
Fluency/Fluidity	
Vocabulary	
Pronunciation	
Grammar	
Communication	

- Examinees receive substantive **feedback** from verified POLOM raters with medical and linguistic expertise

Strategies



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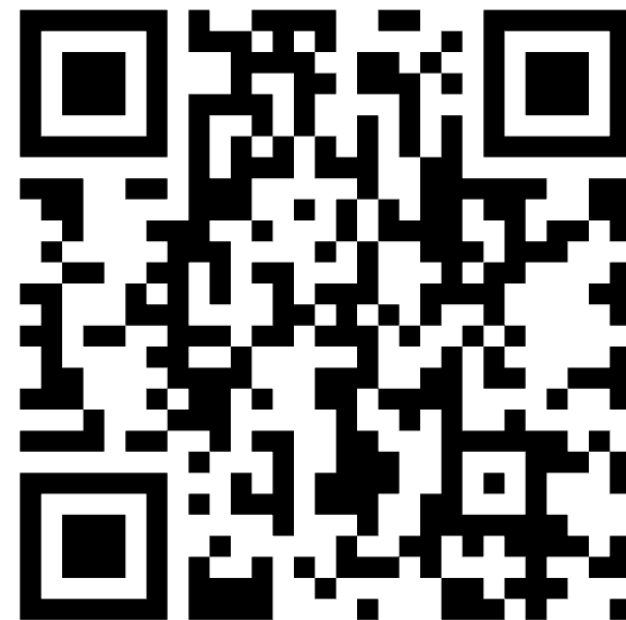


Language- Concordant Care Toolkit

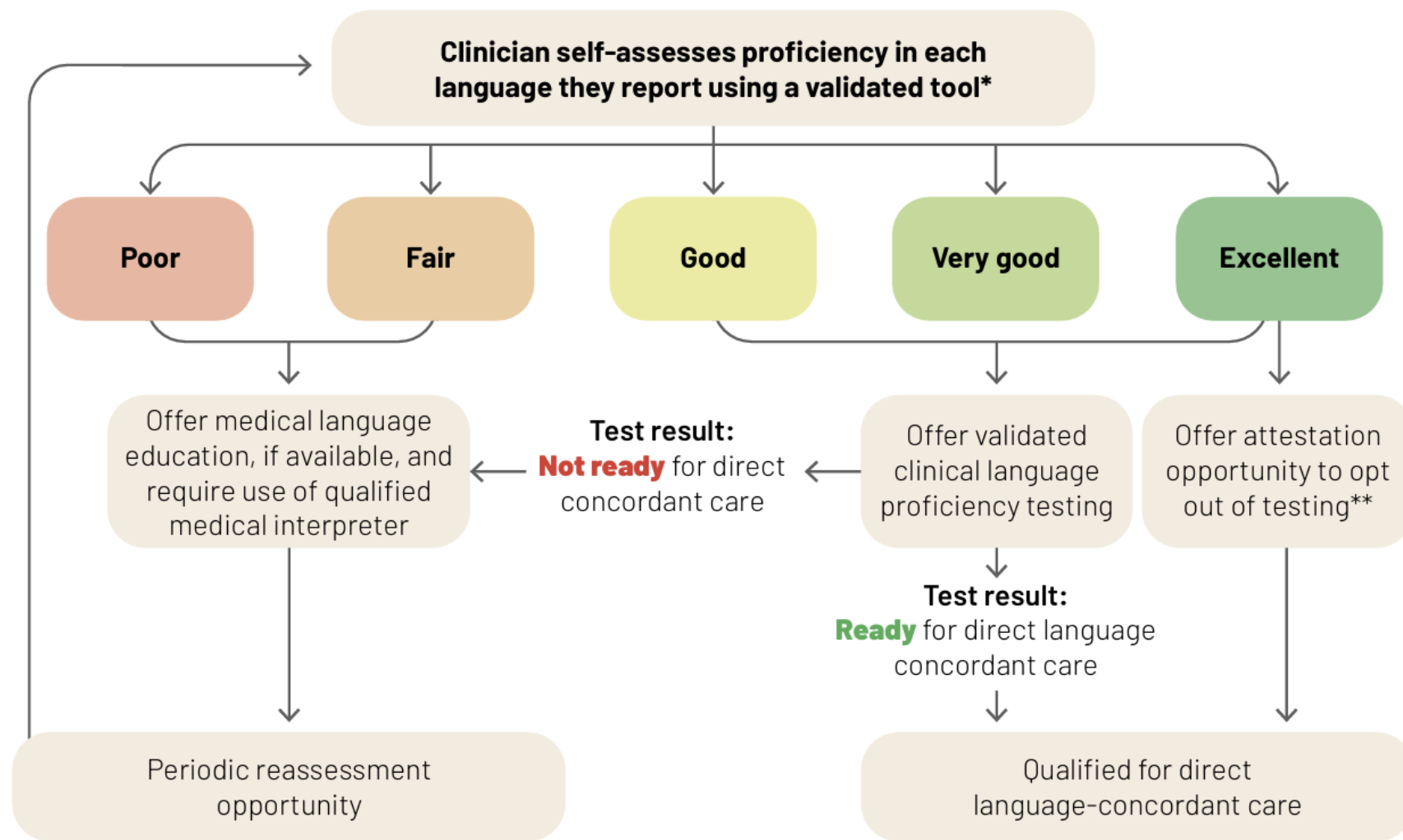
Assessing Clinician Language Skills for
Safe Communication with Patients



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Flowchart for determining qualification as a multilingual clinician



Access full toolkit here



*The self-assessment levels shown on this chart correspond to the [ILR-H scale](#).

** Attestation is intended for practicing clinicians; **learners** who self-assess at the Excellent level should still complete formal training and testing.

Enhancing interpreter-clinician collaboration

- Rating and teaching opportunities related to clinician language assessment
 - CLIC Course
- Collaborative research to evaluate the impact of interventions
- Opportunity to co-create solutions related to challenges:
 - Clinicians with partial language skills
 - Complex clinical situations
 - Supporting interpreter and clinician team communication before, during, and after
 - Digital technology use in cross-linguistic situations
 - Evolving policy landscape

MÁS ALLÁ DE LAS PALABRAS:

LANGUAGE ADVOCACY IN HEALTH CARE

NAMS 2026 Annual Conference
NOVEMBER 12-14



In summary...

- Evidence-based solutions for clinician language assessment may help interrupt the prevalent myth cycle
- **Let's work together!**



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