Spanish speaking manual in phonetics for non-Spanish speaking interns

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Abstract
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SPANISH SCREENING MANUAL
IN PHONETICS
FOR NON-SPANISH SPEAKING INTERNS

DOCTORAL THESIS PROJECT
WRITTEN BY ELL BERK AND MARTHA BARAQUE
MARCH 30, 1983

Advisor
April 15, 1983
ABSTRACT

Over the last several years there has been a substantial increase in the number of Hispanic people nationwide. This trend has been felt in the state of Oregon. In 1976, approximately 5.54% of the population nationally was Hispanic. This percentage increased to 6.45% by 1980. In the state of Oregon in 1976, Hispanics made up about 1.69% of its population. By 1980, this percentage had grown to 2.5%.

According to the State and Metropolitan Area Data Book 1979, (1970 data) these locations have the following Hispanic populations:

PORTLAND 9,021
WASHINGTON CO. 1,486
MULTNOMAH CO. 14,440
CLACKAMAS CO. 1,316

Considering the rate of growth, these numbers may have more than doubled by present time.

With this growth has come an increasing difficulty in providing health care to the non-english speaking influx. As a solution to this problem, bi-lingual health clinics have become more numerous. However, in order to serve a larger number of people as efficiently as possible, screenings rather than clinics are necessary. To achieve this, a staff of bi-lingual professionals would be needed. This would of course, be difficult and possibly costly to arrange.
To remedy this situation in the vision care field, we intend to design a screening manual translated in both Spanish and English usable by any trained optometrist or optometry student with a limited amount of preparation.

The areas of instruction would include all facets of current screening procedures including the following stations:

VISUAL ACUITY - far and near
EXTERNAL EXAM
ENTRANCE SKILLS
bead skills
cover test - far and near
stereopsis - Randot and Keystone cards
OPHTHALMOSCOPY
RETINOSCOPY
TONOMETRY
non-contact tonometry
touch tonometry (e.g. Mackay-Marg)
BIOMICROSCOPY

We propose to go about this in the following sequence:
1. Translation of the instructions for each station into Spanish.
2. A "trial run" with non-Spanish speaking interns using the manuals to screen Spanish-speaking university students.
3. Revision of manuals based on observations from the trial runs.
4. Plan, organize, and conduct visual screenings using the manuals on the target population.

5. Evaluate, edit, and print if feasible

Bill Berk

Martha Baraque

Dr. Larry Clausen
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DEVELOPMENT OF A SPANISH SCREENING MANUAL IN PHONETICS FOR NON-SPANISH-SPEAKING INTERNS

The Hispanic population in the surrounding areas of Portland is in large part made up of transients following the various harvest seasons. Their lifestyle is one which is lacking in vision care due to financial and language barriers. The purpose of writing this manual is to enable Pacific University students to eliminate these barriers and provide at least a minimal form of eye care, while at the same time furthering their education by exposing them to patients with a higher probability of visual and ocular disturbances.

This manual consists of the general screening procedures written in English, Spanish and phonetics to enable easy administration. The instructions to the patient were designed in such a way as to require little or no subjective response from the patient and to necessitate as few Spanish-speaking interns as possible.

The screening was designed with the following stations (further explanation will follow):

1. Case history
2. Distance acuity
   Cover test
3. Near acuity
   Cover test
   Saccades
   N.F.C. and motilities
   Hirschberg
   Worth 4-Dot
   Stereofly
4. Retinoscopy
   Ophthalmoscopy
5. Analysis and consultation
Optional stations include:

Biomicroscopy - using the same phrases found in other stations.

Tonometry and Keystone skills - these should be performed by a bilingual intern due to the more complex instructions and potential for miscommunication.

Since the screening card translations were easier to use than had been anticipated, the trial-run proposed earlier was eliminated.

A field trial of the manual was prepared and arrangements made with Jim Zaleski of the Virginia Garcia Memorial Health Center, 82 North 12th Avenue, Cornelius, Oregon, to have a community screening on March 10, 1983. Eleven interns, only two of whom were bilingual, were on hand. They had been given no prior instructions to ensure that the manual could stand on its own merit.

The biggest problem encountered seemed to be the self-consciousness of the interns in trying to communicate, but this was overcome after the second or third patient. Only small changes were necessary in the manual itself, such as adding one or two phrases and re-spelling some phonetic translations, before the final step of typesetting and sealing the cards and instructions in plastic.

The interns were easily understood at the screening and everything went smoothly and accurately. Overall, we considered the screening and the manual to be very successful.
TEAM LEADER WORKSHEET

Team Leader: MARTHA BARAGUE
Date: 3/10/83
Location of Screening: VIRGINIA GARCIA HEALTH CLINIC

Total Screened: 35 Passed: 31 Failed: 4
Population Type (i.e., first, second graders, community): COMMUNITY

Time left PUCO: 8:00 AM Time arrived @ screening site: 8:15 AM
Time left screening site: 1:15 PM

ANALYSIS OF FAILURES

Type of Failure

<table>
<thead>
<tr>
<th>Type of Failure</th>
<th>Total Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visual Acuity (VA) only</td>
<td>11</td>
</tr>
<tr>
<td>Refractive Status (RS) only</td>
<td>1</td>
</tr>
<tr>
<td>Two-Eyed Coordination (TEC) only</td>
<td>1</td>
</tr>
<tr>
<td>Eye-Health (EH) only</td>
<td>1</td>
</tr>
<tr>
<td>Ocular Pressure (OP) only</td>
<td></td>
</tr>
<tr>
<td>VA + RS</td>
<td></td>
</tr>
<tr>
<td>VA + TEC</td>
<td></td>
</tr>
<tr>
<td>VA + EH</td>
<td></td>
</tr>
<tr>
<td>RS + TEC</td>
<td></td>
</tr>
<tr>
<td>RS + EH</td>
<td></td>
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<tr>
<td>TEC + EH</td>
<td></td>
</tr>
<tr>
<td>VA + RS + TEC</td>
<td></td>
</tr>
<tr>
<td>VA + RS + EH</td>
<td></td>
</tr>
<tr>
<td>VA + TEC + EH</td>
<td></td>
</tr>
<tr>
<td>RS + TEC + EH</td>
<td></td>
</tr>
<tr>
<td>VA + RS + TEC + EH</td>
<td></td>
</tr>
</tbody>
</table>

Name/class year of attending interns:

1. MARTHA BARAGUE '83
2. BILL BERK '83
3. NICK MARTIN '83
4. JANET LEASER '83
5. PHIL MCKINNEY '83
6. NORMAN GOL '84
7. DEAN STREEFE '84
8. LYDIA LEM '83
9. MATT JANES '84
10. JOHN ADAMS '84
11. WILLIAM ROGERS '85

Drivers requesting reimbursement (minimum three per car—all mileages should be identical except for extenuating circumstances—all checks will be available at the Forest Grove Clinic business office approximately 2 weeks after screening):

1. __________________________
2. __________________________
3. __________________________
4. __________________________
5. __________________________
6. __________________________

Actual mileage:

ATTACH ALL LODGING RECEIPTS (if applicable).

COMMENTS (equipment needing repair, working relationship with advisor and sponsor, etc.—use reverse if necessary):

- WORTH 4-DOOT BATTERY
- CARTRON CASSETTE
- MASKING TAPE

RETURN WITH SCREENING FOLDER AND ALL ORIGINAL WHITE COPIES OF SCREENING FORM.
TO THE TEAM LEADER

This manual has been written to allow screenings to be performed on the Hispanic population with a minimum number of Spanish-speaking optometry interns. It has been designed with five (5) stations:

1. Case history
2. Distance V.A. and cover test
3. Near V.A. and cover test
4. Retinoscopy and ophthalmoscopy
5. Analysis and consultation

Only at the fifth station is it necessary to have a bilingual optometrist or intern. At Station #1, the bilingual screening representative may be an optometry student or a layperson from the group or organization (hospital, clinic, etc.) sponsoring the screening.

At all other stations, any technically qualified intern may participate using the
phrases on the designated cards. These phrases have been written so that there is minimal or no response required from the patient.

Several optional stations can be added to this screening:

Biomicroscopy - the phrase cards used in retinoscopy and ophthalmoscopy should suffice

Tonometry and Keystone skills - both of these tests should be performed by a bilingual intern due to the more complex instructions, necessary conversation and potential for miscommunication

It will be easiest for the interns if copies are made of all the cards and instructions to the stations at which they are qualified to work, so they may take them home the night before the screening and prepare. However, this manual has been written so that, if necessary, the screening can be administered quite easily
without prior practice. In either case, a copy of instructions and phrases should be placed at each station at the screening.

Please read through each set of instructions and phrases. As team leader, you should be familiar with each station and how it needs to be handled. Be forewarned that some of the phrases may seem unusual (e.g. "Look fixedly at the little ball," rather than "Look carefully at the bead."). This was done in order to make the Spanish as natural and understandable as possible.

Miscommunication is going to happen occasionally, as is the case at any screening, so a detailed explanation should be written on the bottom of the screening form of all "failures" and "questionables." Thus, Station #5 can investigate the possibility of a misunderstanding of the
instructions by the patient. Please explain this to all the interns.

This screening manual has been field-tested and works with very few complications. Your screening should turn out to be enlightening and very enjoyable.
STATION #1, CASE HISTORY

The person at this station must speak both Spanish and English well. It is not, however, required that the station be manned by someone with optometric knowledge. The information needed at this point is simply name, address, phone number and basic symptoms. A complete case history will be taken at the last station with an optometric advisor present.

Since many people at a screening of this type will speak English, a mark should be placed in a corner designating them as speaking Spanish, English or both. This will help eliminate some communication problems at stations further down the line.

Many of the people screened will also be illiterate. This should also be noted on the screening form to save embarrassment or confusion.
It should be explained to the Spanish-speaking patients at this point, that the doctors they will be seeing do not speak Spanish and that they will be reading or will have memorized a set of instructions.
STATION #2, DISTANCE V.A. AND COVER TEST

This is the first station in which the patient must deal with the interns using phonetic translations. Most of the communication problems occur here. Often times, a patient will try to tell his/her case history again to the intern or will try to subjectively communicate what he/she is seeing rather than simply following directions. It is best to place this station very near Station #1 so that, when problems arise, they can be handled quickly and easily with help from the bilingual person taking case histories.

Many of the patients will be illiterate. Rather than use the "tumbling E" chart, which would be difficult to explain by reading translations, it is best to use the number or picture charts. Letters or numbers said in Spanish are easily
Distance VA

Can you see the letters? (those numbers?)

Puede ver esas letras? (esos numeros)

Pwāy-dāy vāyr āy-sahs ē-trahs
(āy-sōs noo-mer-ōs)

Tell me what those letters are.

Digame cuales son esas letras.

Dé-gah-māy kwāh-les sōn āy-sahs ē-trahs

Distance V.A.

Again, please

Otra vez, por favor

Ō-tra vāys, pōr fah-vōr
Far cover test

Look fixedly at that letter. (that number)

Mire fijamente esa letra. (ese numero)

Mē-ray fe-ha-māyn-tāy āy-sah le-trah.

(āy-sāy noo-mer-ō)
recognizable and the picture translations can be found in the near acuity phrase cards.

Patients often try to read the entire chart so it is best to use a single line of criterion size (usually 20/40) for acuity and then to isolate a single target for the cover test.
STATION #3, NEAR SKILLS

1. Near Acuity: The single criterion line (usually 20/40) should be isolated on the Snellen card. Masking tape works well. On the picture card you can point at each individual target so isolation is not necessary.

2. Near Cover Test: Have the patient hold the bead so both of your hands are free to work the occluder and criterion prisms. A subjective response is not necessary. Watch for a reversal of movement using the prisms.

3. Motilities and N.P.C.: Self-explanatory (see phrase cards). In translation, it was necessary to call the bead "the little ball."
4. Saccades: Self-explanatory (see cards).

For the far-near saccades, draw a letter on paper and tape it to the wall behind you. Be sure to point the letter out to the patient the first time you mention it.

5. Hirschberg: The only participation by the patient is staring at the light so there should be no problems.

6. Worth 4-Dot: It is not necessary to explain the glasses. Just carefully slide them on to the patient's face. If you wish to check several directions of gaze, rather than repeating the instructions, simply say, "Now? -- Ahora? -- Ah-o-rah?" No subjective response about the colors of the balls is necessary. The test can be supplemented with the Stereofly.
7. Stereofly: Carefully slide the glasses on the patient. Watch for a reaction from small children since they may not follow directions.
Near V.A.

Again, please.

Otra vez, por favor

O-tra vâys pôr fah-vôr

Near VA

Can you see those letters? (those numbers)
Puede ver esas letras? (esos numeros)
Pwây-dây vâyr ây-sahs le-trahs?
(ây-sôs noo-mer-ôs)

Tell me what those letters are
Digame cuáles son esas letras.
Dê-gah-mây kwâh-les sôn ây-sahs le-trahs
Near VA

What is this? Que es esto?
Kāy āys āys-tō?

telephone telefono tāy-lāy-fō-nō

horse caballo kā-h-bā-h-yō

cake pastel pah-stel hand mano mah-nō

duck pato pah-tō car carro cah-rō

Ear cover test

Hold this here. Tenga esto aqui.
Tēn-ga āys-to ah-ke.

Look fixedly at this.
Mire fijamente esto.
Mē-rāy fē-ha-māyn-tāy āy-stō.
N.P.C. & Motilities

Without moving your head, follow this.

(the little ball)

Sin mover la cabeza, siga esto. (la bolita)

Sen mo-vayr lah kah-bay-sah, se-gah ays-tô.
(lah bô-le-tah)

N.P.C. & Motilities

Watch the little ball.

Mire la bolita.

Mê-rây lah bô-le-tah.
Near-Far Saccades

Look at the letter.
Mire la letra.
Mē-rāy lah le-trah.

Look at the little ball.
Mire la bolita.
Mē-rāy lah bō-le-tah.

Saccades

Look at the little (white, red, green, black) ball

Mire la bolita (blanca, roja, verde, negra)
Mē-rāy lah bō-le-tah (blahn-kah, rō-hah, vāyr-dāy, nāy-grah)
Look at the light.

Mire la luz.

Me-ray lah loos.

How many dots do you see?

Cuanto puntos ve usted?

Kwan-tōs pōon-tōs vāy oo-sted?
Stereo-fly

Please pinch the wings.

Por favor pellisque las alas.

Pór fah-vōr pāy-yēs-kāy lahs āh-lahs.
STATION #4, RETINOSCOPY, OPHTHALMOSCOPY

Very little patient participation is needed here. If there seems to be a problem, try repeating the instructions before asking for help. If a target other than the cartoon is desired, someone from Station #1 or #5 can translate the name of your target into Spanish.
Retinoscopy

Watch the cartoon. Mire los munequitos.

Look at that. Mire eso.
Me-ray āy-sō.

Retinoscopy
Don't look at the light.
No mire la luz.
Nō mé-ray lah loos.

Keep looking at that.
Siga mirando eso.
Sē-gah mē-rān-dō āy-sō.
Ophthalmoscopy

Watch the cartoon.
Mire los munequitos.
Me-ray los moon-yay-ke-tos.

Look at that.
Mire eso.
Me-ray ay-so.

Ophthalmoscopy

Look. Mire Me-ray

up arriba ah-re-bah

down abajo ah-bah-ho

at my light. a mi luz ah me loos
Ophthalmoscopy

Look  Mire  Mē-ray

to the left  a la derecha
  ah lah dāy-ray-chah

to the right  a la izquierda
  ah lah is-kē-āyr-da
STATION #5, ANALYSIS AND CONSULTATION

It is not necessary for the advising optometrist to speak Spanish if a Spanish-speaking optometry student can assist. Since this will usually be the case, it should be assumed that it will be necessary for that translator to remain at this station throughout the screening.

Very little subjective information will have been taken from the patient up to this point. A more in-depth case history will be needed for proper advisement. For those patients who failed or had questionable results, further information must be sought from them and, if necessary, from the intern who did the testing to be sure there was not a communication problem.
General

Sit down, please.

Síntense, por favor.

Sí-en-tay-say, pór fah-vóor.

General

Now, go to station (1, 2, 3, 4, 5, 6)

Ahora, vaya a la estación (uno, dos, tres, quatro, cinco, seis)

Ah-ó-rah, vah-yah ah lah ás-tah-se-ó
(oo-nó, dós, tráys, kwah-tró, sén-kó, sáys)