


X-RAY NEWS



Volume 10, No. 3

Continuing Education Publication and Newsletter

July 2004

HOW TO FIND STATE X-RAY INFORMATION ON THE INTERNET

Most x-ray information that you might need can be found on the home page of the Department of Health of the State of Tennessee at www.state.tn.us/health



From this page you can:

1. Renew your x-ray license
2. Update your license information
3. Look up the rules that govern your x-ray license
4. Confirm x-ray licensure information on an individual or yourself

1. Renew Your License

On the home page under *At this site. . .*, click on *License renewal*. Choose the first option to renew your license. Press GO. Select your board. Select your

profession. Enter your license number, your date of birth, and your social security number OR your transaction number from your renewal notice. Submit your information. Follow the directions for the remaining pages. You will need a credit card to renew your license online. You can not renew an expired license online. You will need to call your licensing board at 800-778-4123 and ask for the proper application to reinstate a license. When you reinstate a license, you will be requested to provide proof of continuing education credits.

2. Update Your License Information

You follow the same procedure to Renew Your License. After you submit your information in Step 1, Step 2 will bring up a screen where you can update your name or address. Remember you are responsible

for keeping your information current.

3. Rules and Regulations

Also, under *At this site. . .*, click on *Rules and regulations* to find the rules that govern your x-ray license. This takes you to a page where you choose your licensing board. Once you choose your board, you will be directed to all the rules and regulations of that board including x-ray operators.

4. Confirm X-ray Licensure

Also, under *At this site. . .*, click on *License verification*. Type in your name or the name of the operator and choose a profession. A screen will come up showing name, address, profession, rank, license number, status, original date of license, and the expiration date of license. If a name doesn't come up with any information, they might not have ever applied for a license or it might be under a different name. ☞

Signing Up for the Limited Scope ARRT Examination

After you have finished your limited course of study and the required clinical hours for each body category, you may apply to take your exam.

If your course provider did not provide you with an application, you will need to obtain an

application from the Exam Processing Center (EPC). EPC can be reached at 615-673-0663 or you can print an application from the web at : www.limitedscope.com

EPC will process applications on a weekly basis and send

them to ARRT. ARRT will then mail information directly to you. This information will include an admission ticket, instructions, and toll-free numbers to the Pearson Professional Centers located in Chattanooga, Johnson

City, Knoxville, Memphis, and Nashville. You will have a 90-day window to call Pearson to schedule and sit for your exam.

After the exam, results will be processed and sent to you by EPC. ☞

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BULLETIN BOARD

This Bulletin Board is free to doctors and techs. We will include items as long as room allows.

Fax, mail or email ad copy to:
X-Ray News®
4721 Trousdale Dr., Suite 120
Nashville TN 37220
Phone: (615) 333-9600
FAX: (615) 333-0171
email: xrn@res-xraynews.com

Uses for this Bulletin Board:

- Offices needing techs
- Techs wanting employment
- Offices with equipment for sale
- Offices wanting to buy equipment

BULLETIN BOARD

Busy 2 physicians, 2 P.A. orthopedic and sports medicine practice in middle Tennessee is looking for certified/registered x-ray technician, preferably with experience in the orthopedic and sports medicine field. Monday through Friday.

Please fax resume to the attention of: Administrator at (615) 890-4482.

New family practice located in Spring City, Tenn. seeking Limited Chest/Extremities certified x-ray/nurse. Two full-time positions available. 9am-5pm, Mon.-Fri. and ½ day every other Sat. Please fax resume to (865) 922-0928.

MA with Limited x-ray certification needed ASAP for very fast paced office. Must have 2-years experience. Requires one evening and rotating Saturdays. Fax resumes to (615) 758-4719 or email to hr@wwfamilypractice.com

LETTERS TO THE EDITOR

Are there certain subjects you would like to see addressed in future issues? Please send your comments, suggestions, or thoughts on any article in this newsletter or any other appropriate subject.

Mail or fax your letters to:

X-Ray News®
4721 Trousdale Dr., Suite 120, Nashville TN 37220
Fax: (615) 333-0171

FROM THE EDITOR

The Editors would like to thank everyone for the many wonderful responses we have had. This confirms to us that our efforts are well-received and worthwhile.

Our objective in publishing *X-Ray News®* covers several areas:

— It is a way to provide the required continuing education credits.

— It is a way to communicate updated information on new or proposed legislation, rules changes, “state” news in general.

— It is a way to help build a better understanding of the most basic principles of radiography and patient care.

— It is a way to share tips that can be put to immediate use in the workroom for improvement.

— And it is our *overall* objective to increase awareness and understanding of the potential hazards of radiation, the importance of quality radiographs, and the necessity of staff and patient protection during radiography.

We encourage everyone to share their thoughts, ideas, and opinions. All Letters to the Editor will be considered for print.

Sincerely,
Phyllis Gregg, Editor.

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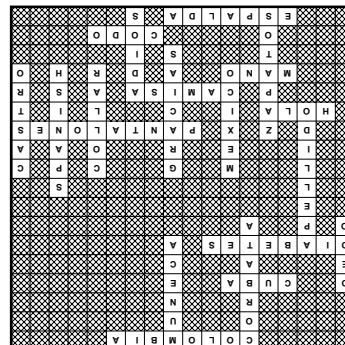
FAX: (615) 333-0171

Web site: www.res-xraynews.com

E-mail: xrn@res-xraynews.com

SOLUTION TO FUN TIME PUZZLE (PUZZLE ON PAGE 3)

DOWN
1. Colombia
2. muneca
3. dedo
4. Cuba
5. diabetes
6. apellido
7. spanish
8. Mexico
9. gracias
10. collar
11. Castro
12. zapatos
13. pantalone
14. hola
15. camisa
16. codo
17. mano
18. codo



TEST YOUR KNOWLEDGE

1. Name the large opening in the occipital bone.
 - a. auditory meatus
 - b. sella turcica
 - c: inion
 - d. foramen magnum
2. The petrous pyramid is located in which bone?
 - a. parietal
 - b. sphenoid
 - c. occipital
 - d. temporal
3. The lateral aspect of the clavicle is called the:
 - a. coracoid process
 - b. body
 - c. sternal extremity
 - d. acromial extremity
4. Which of the following projections will demonstrate the glenoid cavity in profile?
 - a. transthoracic lateral humerus (Lawrence)
 - b. PA oblique scapular Y
 - c. superoinferior axial shoulder
 - d. AP oblique shoulder Grashey method

ANSWERS TO TEST YOUR KNOWLEDGE

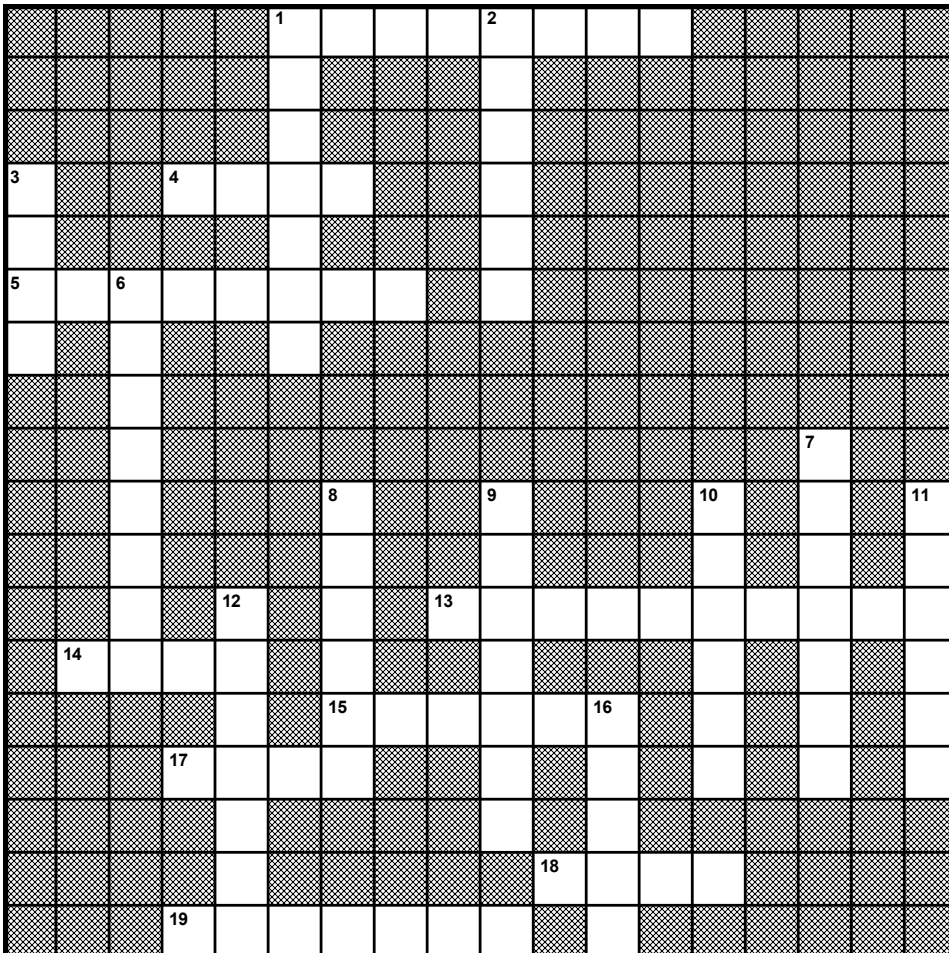
4. d — AP oblique shoulder Grashey method
3. d — acromial extremity
2. d — temporal
1. d — foramen magnum

Even if you are on the right track, you will get run over if you just sit there.

Will Rogers

DID YOU KNOW?

- that it is important to use lead blockers on unused portions of the cassette if making more than one exposure on the film
- that the metacarpophalangeal (MCP) joint should be visualized on all PA projections of the 2nd - 5th digit.
- that Boxer's fracture is a fracture of the 5th metacarpal at the distal end, usually the result of striking an object with a curled up fist.
- that subluxation is a partial or incomplete dislocation.
- that a duck's quack doesn't echo, and no one knows why.



FUN TIME!

The words used in this crossword puzzle are taken from *DR-040 Communicating with Our Spanish Speaking Patients* contained in this issue.

Solution is on page 2.

ACROSS

1. A country in South America
4. A small Caribbean island near Florida
5. _____ and hypertension are prevalent among the Hispanic population
13. Spanish for "pants"
14. Spanish for "hello"
15. Spanish for "shirt"
17. Spanish for "hand"
18. Spanish for "elbow"
19. Spanish for "back"

DOWN

1. Spanish for "necktie"
2. Spanish for "wrist"
3. Spanish for "finger"
6. Spanish for "last name"
7. Most Colombians speak _____
8. _____ is the most populous of the Latin American countries
9. Spanish for "thank you"
10. Spanish for "necklace"
11. Cuba is ruled by _____ (last name)
12. Spanish for "shoes"
16. Spanish for "good bye"

*Note: X-Ray News[®] subscribers can receive Continuing Education credits through Direct Readings in X-Ray News[®]. If you are **not a current subscriber** to X-Ray News[®], you may use the Direct Readings in this issue for Continuing Education credit by subscribing on page 15. We will immediately send you an Answer Sheet.*

(X-Ray News[®] is designed for continuing education for Tennessee Limited X-ray Certification. ARRT R.T.'s can get continuing education through our Self Learning Activities. (Call (615) 333-9600 for SLA Order Form.)

To receive 2 credits for this Continuing Education Direct Reading, read this article, read the questions on pages 12-14, read the Answer Sheet Instructions on page 11, answer the questions on the Answer Sheet Insert, then mail the Answer Sheet to X-Ray News[®].

Direct Reading DR-040

Communicating with Our Spanish Speaking Patients

By Ruth Ann McCormick, R.T. (R) (ARRT)

One of the most important parts of our job as radiographers is communication. In our high volume, fast paced medical facilities; the ability to effectively communicate with our patients is essential. To complete a radiology procedure we must locate the patient, explain dressing instructions to that patient, explain the x-ray examination, tell the patient what positions to assume for the exam, and communicate any breathing instructions to that patient. In the past, this has not been a problem, but with the growing population of immigrants in our communities, effective communication and patient care have become more difficult. All areas of the medical field are experiencing the same difficulties. In order to improve patient care in your facility and improve radiographic exams, it is critical that we address this issue.

In our history classes we learned that early immigration to the United States came mainly from European countries. While early immigrants blended together to form the America of our past and present, new immigrants are retaining much of their ethnicity and creating a new America that allows individuals to live and prosper, while maintaining their specific cultures and beliefs. This has changed the faces of our communities and we must change our healthcare approach to accommodate these new Americans. Anytime there is a communication barrier, it is up to all concerned to make all possible, reasonable efforts to remove the barriers. Many of our Spanish speaking patients can speak some English, while others speak none.

We can add to this attitude the need to address communication problems of all kinds, i.e., patients who are blind, deaf, senile, mentally retarded, toddlers, etc.

It is to the benefit of everyone for us to learn all we can, to a reasonable degree, to be able to communicate with ALL our patients.

In 1850, immigrant population in the United States was approximately 9.7%, increasing to 14.8% through the late 1800s and early 1900s. The Immigration Act of 1924 restricted the number of immigrants allowed to come to the U.S. to 164,000 per year. This significantly lowered the percentage of immigrants entering the country each year to

4.7%. The 1924 Act allowed our immigrant population to grow slowly and to ease into communities more effectively. Immigrants from Latin America comprised about 6% of the total immigration into our country at that time. The Immigration Act of 1965 abolished the 1924 Immigration Act, essentially pushing the gates of America wide open. Since that time immigrants from all over the world have begun to flood into this country. In the year 2000, immigration in the U.S. was approximately 11.2%, with 51% of those immigrants being from Latin America. In the year 2000, there were approximately 32,452,000 immigrants in the U.S. In Tennessee in 2002, the immigrant population was approximately 174,000, and it continues to grow. At least half of these immigrants are likely Latin American. It is important to be aware of the number of Hispanic population in your State and surrounding communities to better anticipate and develop an approach to accommodate these patients.

Because of these numbers, this article will focus on the Hispanic speaking patients.

Medical procedures are frightening enough in general, but when patients cannot communicate and do not understand what is happening to them, these medical procedures become more frightening for the patient and more difficult for the healthcare provider to successfully accomplish. It will aid you in performing your tasks at work, as well as helping your fellow employees if you are able to successfully communicate with your Hispanic patients.

The most effective way to begin learning to communicate with your Hispanic patients is by understanding their culture. By knowing just a few things about Latin America, it will help you in your approach and in your understanding of your patients. Knowing how to address your patients and what types of beliefs and practices they have will allow us to better accommodate them and to perform our examinations in the easiest and most comfortable way for the patient. It is also important to know the conditions and situations that many immigrants experience in their home

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countries and what reasons brought them to the United States. Many come for the same reasons that the original settler came for—freedom from religious and political persecution. Many come to escape poverty and to make a better life for their children. Knowing a small amount about the area that your patients come from will give you a better perspective on them personally. In saying that, it is important to remember that while this information is important, we must avoid stereotypes. The main problem with learning about a culture is that we tend to categorize everyone from that country into one slot, or everyone who speaks Spanish into one group, usually Mexican. Even if every Spanish-speaking patient that we have is from Mexico, each person is an individual and while their culture and heritage does help mold that person, it does not define that person. Each patient should be treated as an individual, not as an ethnic group. Base your information and approach on each individual patient. As I have already stated, Latin Americans make up 51% of our immigrant population each year. These immigrants come from several different Latin American countries including Mexico, Colombia, Cuba, Costa Rica, and Puerto Rico.

Mexico is the most populous of the Latin American countries and provides the most immigrants to the U.S. from that region. People from Mexico can be called Mexicans, Hispanics, Latinas, or Latinos. Like Americas and the English language, there are many different dialects of the Spanish language spoken, but if you are able to speak and understand some basic Spanish, you should be able to communicate with most patients from Mexico. In the younger Hispanics, a mix of Spanish and English is often used. Female immigrants who do not work outside of the home often speak less English than their husbands or children. Many Mexicans are poor and have little opportunity to improve their lives in Mexico. Approximately 66% of all Mexicans living in Mexico live in poverty. The Mexican economy has grown in recent years, but buying power has decreased 80% since 1976 and inflation is steadily increasing faster than earnings. The educational and economic opportunities in the U.S. are far greater than in Mexico, so many Mexicans come to America hoping for a better, more prosperous life.

Colombia is a country in South America. Most Colombians speak Spanish, while some can also speak English. The economy is very unstable in Colombia and approximately 55% of the population live below poverty levels. There is continuous effort by guerrilla forces to overthrow the Colombian government, funded in part by the drug trade. The government can do very little to stop the drug trade in their country and the violence that comes

with it. Colombian immigrants come to America for economic reasons and to escape the violence in their country from the drug trade.

Cuba is a Latin American country that is a small Caribbean island near Florida. A dictator named Fidel Castro rules this country. This communist leader rules Cuba with violence and force. Cubans suffer from poverty and dictatorship and often flee their homeland on homemade boats or rafts, with smugglers, or on fake visas. It is estimated that in 2001 approximately 2,600 Cubans attempted to cross into Florida. The U.S. Coast Guard apprehended only 35% of them. These people risk everything to escape the poverty and tyranny of their country.

Costa Rica is another Latin American country that is located in Central America. It is mainly an agricultural country with many of its people living in poverty.

Puerto Rico is a Caribbean island that is part of America from the Spanish American war, until 1952 when it became a commonwealth associated with the U.S. It is also an agricultural country with limited means of economic improvement for most of its people.

Most Latin Americans value eye contact. Friendliness and treating others with respect is also highly valued. Friendly physical contact is welcomed and reciprocated once a relationship is established. Too much touching or addressing a patient casually (first name) is not appreciated early in the relationship. Many Hispanic immigrants often follow traditional forms of medicine and they may use folk remedies as well as more modern medicine to treat their illnesses. Some Hispanic immigrants may attribute disease to a hex or curse or that they have been given the “evil eye”. Part of Hispanic communication is respect, so one should always be respectful when communicating with Hispanic patients. There is also a level of formality with their interactions, especially with the elderly. Hispanics are not usually aggressive or assertive in healthcare interactions and there is not always direct eye contact in this setting. If they disagree they will be silent and noncompliant. An unfriendly or brusque healthcare worker may not learn about the patient’s problems, and that patient may not return. Hispanics tend to have an acute sense of justice and often view failures in communication to be due to prejudice. For Hispanics, the way in which treatment is provided is as important as the diagnosis and treatment itself.

Diabetes and hypertension are prevalent among the Hispanic population. Overweight and obesity are also common. Cervical cancer is twice as common in Hispanic American women as it is in non-Hispanic American

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women. Although breast cancer, oral cancer, colorectal cancer, and bladder cancer are less prevalent in Hispanics, due to lack of insurance and medical services their mortality rate from these diseases is higher than the rest of the population. How can we begin to change these shortcomings of the medical community? The first step is to learn to communicate with these patients.

It is important that everyone working in your facility develop attitudes, skills, and behaviors that allow them to work effectively in cross-cultural situations. To handle these types of situations effectively, the first thing you must do is to honestly evaluate yourself. What types of positive or negative assumptions do you have about the Hispanic community? Cultural ignorance, negative stereotypes, and prejudice (even when unaware) will shape the way that you relate to your patients. We must not allow biases to keep us from treating all patients with respect. We will always make the right choices if we follow the Golden Rule. "Do unto others, as you would have them do unto you." Put yourself in the patient's shoes. Imagine how frightening it would be if you were injured or sick in a foreign country and had to seek medical attention in a facility where no one could speak English? Just because you have always had a particular belief or opinion about a specific race does not make it true and does not mean that it can't be changed. The only way to grow as human beings is to open our minds to new experiences, cultures, and beliefs. We also need to remember that there is no "one" way to treat any ethnic group or race. There can be diversity within each ethnic group. For instance, is the patient from a more rural area of their country or a more urban area? That will affect the type of life that he has lead. Education and economic status will vary and will have an impact on the type of life that each has lead and what customs and beliefs each may have. We want to treat each person as an individual rather than as a particular group so that generalizations and stereotyping can be avoided.

The relationship that you develop with your patients and the level of interaction that you are able to achieve will greatly affect the ability of your patients to relay symptoms and other information, and in turn for them to understand and adhere to the recommended treatments and to follow instructions during x-ray exams. We must bridge this gap in communication. If patients fear being disrespected or misunderstood, they may not seek the health services that they need. If you went to a facility where they were disrespectful to you, would you go back? If the patient does not understand the information given or does not trust the physician and staff, he or she may not adhere to the medical advice and may suffer because of it. If healthcare

facilities are not familiar with conditions or illnesses that may be prevalent within certain ethnic groups, screening studies may not be done for early detection. If your facility lacks knowledge about certain cultures and their use of traditional therapies to treat illnesses, life threatening drug interactions may occur. If the physician does not understand the patient he may not order the appropriate tests, or the wrong tests because he misunderstood the patient's symptoms or just the opposite: order too many tests to compensate for not understanding the patient. If we make an effort, we can create an environment that is welcoming and reassuring for these patients. We can do our best to be prepared to make communication easier for them and for us, and by doing so improve healthcare for everyone.

There are many resources available today that offer Spanish instruction or Spanish aid. Research the Internet for information to help your facility prepare for your immigrant patients. There are many different types of software that you can order, but there are also free translation sites that allow you to type in what you want to say in English and it translates it back for you in Spanish. Some sites are listed in the References. Check your local library and book stores for information about Spanish. Most colleges offer non-degree classes for continued learning. MTSU in Murfreesboro, Tennessee offers Conversational Spanish I and II that only lasts a few weeks and is conducted in the evening for a very reasonable price. This can help you be better prepared to converse with your patients. Some organizations provide help to facilities needing translation services. The Tennessee Foreign Language Institute in Nashville Tennessee is one of these organizations. Their website states that they are an "agency of the State of Tennessee designed to aid in intercultural communication by offering quality language instruction, translation and interpretation services, and professional development for interpreters, translators, and language instructors." Research your community to see what is available to you.

As you've most likely been told before, and have learned from experience, your radiographs are only as good as your ability to communicate with your patients. It is essential that they understand what we need for them to do, and that we understand their needs as well. We must find ways to make this possible. We've all seen the results of radiographs done with a breakdown in the communication process. They are very limited in their diagnostic attributes and often must be repeated. It would be an asset to any facility to have an employee who is bilingual. Once you become comfortable speaking to your Hispanic patients,

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you can begin to help your fellow employees improve their Spanish skills so that everyone in the facility is able to communicate to some degree with Hispanic patients. Following are several phrases that will come in handy for radiography. Also, we will explain pronunciation to you. Don't be concerned with the way that you sound when you are speaking these phrases. As long as you are saying them correctly, the patient will understand. Those of us from the south will sound different speaking Spanish than those of us from the north. The more you use your Spanish speaking skills, the more comfortable you will become.

If this is not something that you are going to use everyday you may want to make yourself a flash card or note card file with some Spanish phrases. Once you get them written out and organized in an easy to access manner, you can refer back to them quickly to help you remember what to say.

If you simply understand the pronunciation of the alphabet in Spanish, you will be able to pronounce almost any word.

As in many languages, the Hispanic language has many dialects, which can result in slightly different constructions of sentences—and sometimes very different meanings.

In the interest of brevity, we have selected a widely used version for this article. We apologize if we have made errors based on any other vernacular usage.

The vowel **a** is pronounced like “mama or yacht”, the vowel **e** is pronounced like “ten, desk, or let”, the vowel **i** is pronounced like “trio or elite”, the letter **i** used before **e** is pronounced like “yes.” The vowel **o** is pronounced like “obey”, the vowel **u** is pronounced like “lunar or scuba”, the letter **u** before **a**, **e**, or **i** is pronounced like a **w** as in **was**, and the letter **y** alone is pronounced like “many or penny”, and when used before **a**, **e**, or **o** is pronounced like a **y** as in **yam**.

Ai or **ay** together make the sound of a long **I** as in **ice**. **Ei** or **ey** together make the sound of a long **a** as in **vein**. **Oi** or **oy** together make the sound like the words **oil** or **joy**. The letters **au** together make a sound like in **cow** or **wow**.

As you are listening to Spanish and learning, you will notice that many of their letters are pronounced differently than ours. The letter **c** when used before **a** and **o** is pronounced like **k**. The letters **Cu** together are pronounced like a **q**. The letter **c** when used before **e** or **i** is pronounced like an **s**. The letter **g** when used before **a**, **o**, or **u** is pronounced like **gas** or **go**. The letter **g** when used before **e** and **i** is pronounced like the letter **h** as in **hot**. The letter **h** is silent as in **hour** or **honor**. The letter **j** when used before all vowels is pronounced as an **h** sound like **hot**. Double L

(**ll**) is pronounced like **million** or **yes**. The letter **n** written like this (**ñ**) is pronounced like **onion** or **union**. The letters **qu** when used together before **e** or **i** are pronounced like a **k** sound. The letter **r** is trilled or rolled. The letter **z** is pronounced with the **s** sound.

It will help you to be able to identify different **body parts** in Spanish. Here are a few that you may use:

Finger - Dedo	Hand - Mano
Wrist - Muñeca	Arm - Brazo
Elbow - Codo	Shoulder- Hombro
Toe- Dedo del Pie	Foot - Pie
Ankle - Tobillo	Knee - Rodilla
Leg - Pierna	Neck - Cuello Cervical
Back - Espalda	Teeth - Dentadura

A few words for **clothing items** are:

Necklace - Collar	Necktie - Corbata
Shirt - Camisa	Pants - Pantalones
Underwear- Ropa Interior medias	Socks - Calcetines (<i>or</i>)
Shoes - Zapatos	Jewelry - Joyas
Watch -Reloj de Pulsera	Gown - Bata

Some greetings that you may want to use are:

Hello - Hola	Good Day - Buenos Dias
See you later-Hasta luego	Thank you -Gracias
Good Bye - Adios	Please- Por Favor
Yes- Si	
Mr. - Señor	Mrs.- Señora
Miss- Señorita	
I speak very little Spanish - Hablo muy poco español	
Please Speak Slowly - Por favor hable despacio	

Some medical terms that you may need include:

Pain - Dolor
Coughing - Tosiendo
Headache - Dolor de cabeza
Medicine - Medicina
Doctor- Medico doctor
Allergy- Alergia
Anesthetic- Anestésico
Surgery - Cirugia, operación
Chest pain -Dolor del pecho
Dizziness - Mareo
Backache - Dolor de espalda
Disease/illness- Enfermedad
History - Historia clinica
Allergic - Alérgico
Family - Familia

When preparing your patient for a radiographic exam, you must give the patient dressing instructions appropriate for the specific exam to be done.

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Here are several different **dressing instructions** that you will need. To be considerate and exercise manners, you should include the appropriate addition of “por favor” (please), or “Gracias” (Thank you) after each instruction. We have omitted these phrases in this article for the sake of brevity.

Take off your shirt. - Quitese su camisa.

Take off everything from the waist up. - Quitese todo de la cintura para arriba.

Take off your pants. - Quitese sus pantalones.

Take off your pants and underwear. - Quitese sus pantalones y su ropa interior.

Take off your socks and shoes. - Quitese sus calcetines y sus zapatos.

Take off your necklace. - Quitese su collar.

Take off your jewelry. - Quitese sus joyas.

Take off your watch. - Quitese su reloj de pulsera.

Put this gown on with the opening in the back. - Pongase esta bata con la abertura para atras.

Put this gown on with the opening in the front. - Pongase esta bata con la abertura de frente.

You may get dressed. - Usted puede vestirse.

You may leave. - Usted se puede ir.

If you work in a medical office, or if you need to **identify information about your patient** for an x-ray examination some of these questions may come in handy.

Last name - Apellido

Do you have medical insurance? - ¿Tiene usted seguro medico?

Are you pregnant? - ¿Esta usted embarazada?

When was your last period? - ¿Cuándo fue su ultimo periodo menstrual?

Are you taking birth control? - ¿Esta usted tomando algo para el control del embarazo?

Have you had a hysterectomy? - ¿Tiene usted su matriz o ha sido operada?

Are you sexually active? - ¿Es usted activo sexualmente?

Where do you hurt? - ¿Donde le duele a usted?

What kind of problem are you having? - ¿Qué tipo de problemas esta teniendo?

It will also be important for you to relay appropriate **exam instructions** for the different x-ray procedures that you will perform. Here are several that will assist you in this process.

Hold your breath. - Detenga su respiración.

Breathe - Respire

Lie down on the table on your back. - Acuestese en la mesa de espalda.

Lie down on the table on your stomach. - Acuestese en la mesa sobre su estomago.

Lie down on the table on your left side. - Acuestese en la mesa de lado izquierdo.

Lie down on the table on your right side. - Acuestese en la mesa de lado derecha.

Roll onto your right side. - Volteese encima de su lado derecha.

Roll onto your left side. - Volteese encima de su lado izquierdo.

Roll onto your back. - Pongase boca arriba.

Roll onto your stomach. - Pongase boca abajo.

Don't move. - No se mueva.

Bend your leg. - Doble su pierna.

Bend your arm. - Doble su brazo.

Put your arm like this. - Ponga su brazo asi

Put your finger like this. - Ponga su dedo asi

Put your front against the board. - Ponga su frente contra la tabla.

Put your back against the board. - Ponga su espalda contra la tabla.

Words or phrases that you may use in the x-ray room or when dealing with patients in other areas of the office or hospital might include:

The doctor will be here in a moment. - El médico estará aquí en un momento.

The doctor will be here soon. - El médico estará aquí pronto.

Sit down please. - Siéntese por favor.

Sit up. - Incorpórese por favor.

You may get up. - Usted puede levantarse.

Wait here. - Espere aquí.

Follow me. - Sígame.

Your operation will be done at (name of Hospital) Hospital. Be there at (time).

Su operación se hara en el hospital de _____ . Hora de llegada es _____.

Good. We will see you on (day) at (time).

Bueno. Nosotros lo veremos el dia _____ a las _____.

What is your name? - ¿Como se llama usted?

I'm sorry. - Lo siento.

Do you have medical insurance? - ¿Tiene usted seguro medico?

If part of your job is **scheduling patients**, you will need to be able to set up appointments for them. These phrases may help you with that job.

Can you come in tomorrow at (time)? - ¿Puede venir mañana a las _____?

(Continued on page 9)

(Continued from page 8)

Can you come in Monday at _____? - ¿Puede venir el lunes a las _____?

Can you come in Tuesday at _____? - ¿Puede venir el martes a las _____?

Can you come in Wednesday at _____? - ¿Puede venir el miércoles a las _____?

Can you come in Thursday at _____? - ¿Puede venir el jueves a las _____?

Can you come in Friday at _____? - ¿Puede venir el viernes a las _____?

Can you come in at 8 o'clock? - ¿Puede venir a las ocho?

Can you come in at 8:30? - ¿Puede venir a las ocho y treinta?

Can you come in at 9 o'clock? - ¿Puede venir a las nueve?

Can you come in at 9:30? - ¿Puede venir a las nueve y treinta?

Can you come in at 10 o'clock? - ¿Puede venir a las diez?

Can you come in at 10:30? - ¿Puede venir a las diez y treinta?

Can you come in at 11 o'clock? - ¿Puede venir a las once?

Can you come in at 11:30? - ¿Puede venir a las once y treinta?

Can you come in at 1 o'clock? - ¿Puede venir a la una?

Can you come in at 1:30? - ¿Puede venir a la una y treinta?

Can you come in at 2 o'clock? - ¿Puede venir a las dos?

Can you come in at 2:30? - ¿Puede venir a las dos y treinta?

Can you come in at 3 o'clock? - ¿Puede venir a las tres?

Can you come in at 3:30? - ¿Puede venir a las tres y treinta?

Can you come in at 4 o'clock? - ¿Puede venir a las cuatro?

Can you come in early? - ¿Puede venir temprano?

Can you come in now? - ¿Puede venir ahora?

Please be here thirty minutes early to fill out your paperwork. - Por favor este aquí treinta minutos antes para llenar su papeleo.

Mr, Mrs, Miss (*name of patient*). This is (*name of office employee calling patient*) at Doctor _____'s (*name of doctor*) office. - Señor, Señora, Señorita _____. Me llama es _____. Esta es la oficina del Dr. _____.

I am calling to confirm your appointment on (*day*) at

(*time*) o'clock. - Lo estoy llamada para confirmar su cita el día _____ a las _____.

I am calling to confirm your appointment tomorrow at _____ o'clock. - Lo estoy Llamando para confirmar su cita de mañana a la _____.

You have an appointment at (*time*) on (*day of week*). - Usted tiene una cita a las _____ de este día _____.

Do you understand? - ¿Usted me entiendo?

You're welcome. - de nada.

Unless you speak and understand Spanish well, it is important to let your patient know that you are not fluent in Spanish and ask them to speak slowly for you.

I speak very little Spanish. - Hablo muy poco español.

Please speak slowly. - Por favor hable despacio

I do not understand. - Yo no entiendo.

I have found that learning to speak some Spanish phrases and understanding the pronunciations of the words has actually been the easy part. The hardest part is trying to understand the patient in conversation. When you begin to speak to them in Spanish, they will converse back with you. If you ask the patient a question, you expect them to respond. That is where I have found the most difficulty. I am doing more extensive study and taking classes to get myself more familiar with Spanish conversation. The website translator and other sources have helped me put together a fairly good catalog of medical phrases to use, but I need to be able to carry on a conversation with my Spanish speaking patients. This cannot be achieved in just a few minutes here or there. You will have to put a little more effort into being able to truly understand them. It would be in your best interest to sign up for some Conversational Spanish classes at your local college to enable you to converse with your patients. I have found this to be challenging but also fun at the same time. If you make the learning atmosphere fun, you learn things easier and quicker. Engage your family and coworkers in conversation. Use your Spanish whenever you get the opportunity. Practice makes perfect. Enjoy this new experience!

We know that in all aspects of life there is constant change. The latest and most dramatic wave of change is the increase in immigrants to America. America offers a degree of opportunity and mobility that cannot be found anywhere else. In all countries the rich live well, but America gives a better life to even the ordinary person. Some immigrants come for economic opportunities for themselves and their children, some come for political asylum, while others come for religious freedom. Whatever

(Continued on page 10)

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the reason, America offers them a choice as to the kind of life to live and where to live it. We must remember that although we are all from different countries with different cultures, languages, customs, and beliefs, above all, we are all human beings living together and everyone must be treated with kindness, respect, and dignity. By learning to communicate with our patients, we are showing them that we respect them and wish to make their lives better. By learning Spanish, you can improve yourself, your office, and the lives of your patients. 🎯

NOTES

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Ruth Ann McCormick, R.T. (R) (ARRT)

Ruth Ann McCormick is a very energetic instructor of radiography courses. She has several years of experience in general radiography, CT scanning, and mammography. She has also cross-trained in laboratory skills and medical transcription. In addition to Ruth Ann's variety of exposure to the many facets of radiography, her experience as a writer of novels makes her educational articles interesting and entertaining.

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On the **“Subject”** line, write in the name of the Direct Reading Article: **“Communicating with Our Spanish Speaking Patients”**

In the space marked **“Hour/Day”**, *print* **“DR-040.”**

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Leave the boxes headed **“Test Form”** and **“Exam Number”** blank.

Use answer lines 1 through 36 to answer the quiz on **“Communicating with Our Spanish Speaking Patients”**

The Quiz begins on page 12.

Do not use Side 2 of the Answer Sheet.

Mark with No.2 pencil only. **Completely** fill in the oval with a dark mark.

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Direct Reading DR-040

Communicating with Our Spanish Speaking Patients

By Ruth Ann McCormick, R.T. (R) (ARRT)

Note: In an effort to simplify sentence structure, we will refer to patients, whether male or female, as "he," unless gender is relevant.

1. What is one of the most important jobs we have as radiographers?
 - a. technique
 - b. communication
 - c. positioning
 - d. darkroom procedure
2. What was the percentage of immigrant population in the United States in the late 1800s and early 1900s?
 - a. 4.7%
 - b. 11.2%
 - c. 14.8%
 - d. 51%
3. What law removed restrictions on the number of immigrants entering the United States each year?
 - a. the Quota Act of 1924
 - b. the Immigration Act of 1924
 - c. the Immigrant Quota system
 - d. the Immigration Act of 1965
4. What percentage of immigrant population was comprised of Hispanic immigrants in the year 2000?
 - a. 4.7%
 - b. 11.2%
 - c. 14.8%
 - d. 51%
5. What is the most effective way to begin learning to communicate with your Hispanic patients?
 - a. understanding their culture
 - b. taking extensive Spanish instruction
 - c. hiring an interpreter
 - d. limiting the number of Hispanic patients in your facility
6. From what country are we seeing the highest number of Hispanic speaking immigrants?
 - a. Columbia
 - b. Puerto Rico
 - c. Mexico
 - d. Cuba
7. Which group of Hispanic immigrants likely speaks the least amount of English?
 - a. younger Hispanics
 - b. Hispanic school children
 - c. Hispanic workers
 - d. female immigrants who do not work outside the home
8. What percentage of Mexicans who live Mexico, live in poverty?
 - a. 15%
 - b. 25%
 - c. 66%
 - d. 74%
9. If a Hispanic patient disagrees with treatment, how will he or she respond?
 - a. will be silent and noncompliant
 - b. will argue
 - c. will do whatever the doctor says
 - d. will not recommend the doctor to other patients
10. Why are mortality rates from breast cancer, oral cancer, colorectal cancer, and bladder cancer higher in Hispanic patients?
 - a. obesity
 - b. more common in Hispanic Americans
 - c. they are not higher
 - d. lack of insurance and medical services

(Continued on page 13)

See page 11 for instructions on the Answer Sheet Insert

(Continued from page 12)

11. What things will often (even when unaware) shape the way that you relate to your patients?
 - a. cultural ignorance and negative stereotypes
 - b. type of insurance the patient has
 - c. how old the patient is
 - d. how busy your facility is
12. Lacking the knowledge about specific cultures and their use of traditional therapies can cause what kind of serious problem?
 - a. interference with test procedures
 - b. life threatening drug interactions
 - c. patients will be offended
 - d. appropriate diagnoses may not be made
13. What are the results of radiographic exams performed with a breakdown in the communication process?
 - a. no difference
 - b. more difficult to use but still effective
 - c. limited in their diagnostic capability
 - d. just as diagnostic as any other radiograph
14. What is the Spanish word for leg?
 - a. dedo
 - b. codo
 - c. brazo
 - d. pierna
15. If you need a patient to remove his shirt, you would ask him to remove his what?
 - a. pantalones
 - b. camisa
 - c. calcetines
 - d. bata
16. Hispanics value respect and it is important to say please when giving your patients instructions. How do you say "please" in Spanish?
 - a. por favor
 - b. buenos dias
 - c. adios
 - d. gracias
17. When communicating with your Hispanic patients, it is important to let them know that you speak only a small amount of Spanish. How would you say that you speak very little Spanish?
 - a. hablo muy poco español
 - b. por favor hable despacio
 - c. quítese su camisa
 - d. donde le duele a usted
18. When evaluating patient symptoms, which of these phrases might indicate back pain?
 - a. dolor de cabeza
 - b. dolor de pecho
 - c. mareo
 - d. dolor de espalda
19. When preparing a patient for a chest x-ray procedure, which of these phrases would you use?
 - a. quítese todo de la cintura para arriba
 - b. quítese sus pantalones
 - c. usted se puede ir
 - d. quítese sus calcetines y sus zapatos
20. What is one of the questions that we ask all the female patients in child-bearing age?
 - a. ¿Tiene usted seguro medico?
 - b. ¿Cuándo fue su ultimo periodo menstrual?
 - c. ¿Dónde le duele ?
 - d. ¿Qué tipo de problemas esta teniendo?
21. To be sure that you are doing the appropriate exam on the patient, what is one question we should ask them?
 - a. ¿Esta usted embarazada ?
 - b. ¿Es usted activo sexualmente?
 - c. ¿Tiene usted seguro medico?
 - d. ¿Dónde le duele a usted?
22. What would be one of the most important phrases to learn for radiographic exams of the chest and abdominal region to prevent motion on the radiograph?
 - a. doble su pierna
 - b. ponga su brazo así
 - c. detenga su respiración
 - d. pongase boca arriba
23. For an AP lumbar spine projection, how would you tell the patient to lie on the table?
 - a. acuestese en la mesa de espalda
 - b. acuestese en la mesa sobre su estomago
 - c. acuestese en la mesa de lado izquierdo
 - d. acuestese en la mesa de lado derecha
24. To help prevent motion, what is one of the instructions you will give your patient?
 - a. doble su pierna
 - b. doble su brazo
 - c. respire
 - d. no se mueva

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(Continued from page 13)

25. For a PA projection of the chest, how might you instruct the patient to stand?
- pongase boca abajo
 - ponga su frente contra la tabla
 - voltese encima de su lado izquierdo
 - ponga su espalda contra la tabla
26. Sometimes you can combine phrases with visual instruction as well. While placing your arm in the position for an AP elbow projection, you might say what to the patient?
- ponga su brazo asi
 - doble su pierna
 - doble su brazo
 - ponga su dedo asi
27. If you are finished with an x-ray procedure and you put the patient into an exam room, how do you tell him that the doctor will be in soon?
- espere aquí
 - sígame
 - el médico estará aquí en un momento
 - siéntese por favor
28. Even after calling a patient back for an exam, it is always important to be sure that you are doing the correct patient. What question would you ask to determine that you have the correct patient?
- lo siento
 - ¿Tiene usted seguro medico?
 - ¿Como se llama usted?
 - ¿Puede entrar usted ahora?
29. After you have told the patient that you speak very little Spanish, what else should you tell them to aid in communication?
- por favor hable despacio
 - usted puede levantarse
 - espere aquí
 - lo siento
30. When you are finished with a patient on the x-ray table, how do you tell him that he can get off the table?
- siéntese por favor
 - ponga su brazo asi
 - detenga su respiración
 - usted puede levantarse
31. When the patient is finished and ready to leave the department, how will you relay that information to him?
- quítese sus joyas
 - usted se puede ir
 - usted puede vestirse
 - quítese sus pantalones
32. If part of your job is scheduling patients, you will need to know if they have medical insurance. How will you ask that?
- ¿Esta usted embarazada ?
 - ¿Como se llama usted?
 - ¿Tiene usted seguro medico?
 - ¿Donde le duele a usted?
33. How will you ask the patient if he can come to the office at 10 o'clock?
- ¿Puede venir a las ocho?
 - ¿Puede venir a las diez?
 - ¿Puede venir a las once?
 - ¿Puede venir a las dos?
34. After giving patients instructions, you should be sure that they understand. How would you ask them if they understand?
- ¿Usted me entiendo?
 - ¿Usted puede ahora entrar?
 - ¿Como se llama usted?
 - ¿Tiene usted seguro medico?
35. If you are having trouble understanding something the patient has told you, it is important that you let the patient know that you do not understand. Which phrase will help you express that?
- bienvenida or bienvenido
 - buenos dias
 - lo siento
 - yo no entiendo

Please also answer the following question on your answer sheet. It *does not* count toward your score.

36. Did you enjoy this article?
- yes
 - no
 - undecided



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