

Language-Concordant After Visit Summaries: A Clinic Quality Improvement Project

D. Agakishiev, M. Harata, H. Akram, M. Wilson, A. Settgast, M. Schnaus,

Background: After clinic visits, patients typically receive an after visit summary (AVS) with instructions, but non-English speaking patients receive these summaries in English which they may not understand. This study aimed to assess patient interest in receiving the AVS in their native languages, implement a translation program, and evaluate patient satisfaction.

Methods: The study was conducted at the Center for International Health which serves mainly non-English speaking immigrant and refugee patients by the resident physicians working at the clinic. Participants were patients who selected a language other than English as their primary means of communication. In the first phase, patients were offered two options: 1) having their AVS translated into their native language using translation software, or 2) receiving a voicemail with the summary translated by the certified interpreter present during their visit. After determining the preference for translation, the second phase implemented the written translations using online translation software including large language models. Patient satisfaction was then assessed.

Results: In the initial phase, 58 patients participated. The majority (92%, $p < 0.05$) indicated it was important to receive the summary in their native language. Approximately 61% preferred a translated written summary, while 39% preferred a voicemail recording. Most patients previously either did not use the English AVS (22%) at all or relied on family members for interpretation (47%). In the implementation phase, over 60 patients received written summaries in their native language. More than 80% of patients reported this intervention helped them better understand their medical care and preferred to continue receiving AVS in their native language. Newly arrived immigrants reported the highest satisfaction, primarily because they often lacked family members for translation and potentially were likely to keep translated summaries for social workers coordinating their care.

Discussion: This study demonstrates not only interest but also significant perceived benefits from providing non-English speaking patients with AVS in their native languages. Implementation of using translation software including large language models proved effective and highly satisfactory to patients. The intervention particularly benefited newly arrived immigrants with limited support networks. Providing language-concordant summaries improves patients' ability to fully engage with care recommendations and improves continuity of care through better information sharing with social services.