

Language Competency Application for Bilingual Providers



**Mount
Sinai**



Joint Commission Regulation

Standard HR.01.02.01: *The hospital defines staff qualifications*

- MSHS has a process to make sure that communication with a non-English speaking patient is effective and meets the patient's needs.
- A Language Proficiency Assessment may be necessary to ensure bilingual provider is able to communicate effectively or may consider using an interpreter to validate the patient's understanding of the information provided by the bilingual provider.

Language Competency Form on Sinai Central



Employee Self Service

- Access Recertification
- Account Admin
- Attestation
- Car Pool
- Direct Deposit
- Directory Profile
- Emergency Contact
- Employment Verification Letters
- Language Competency Profile
- Mass Notification Profile
- Occupational Health Survey
- OHSQ Admin
- Payroll Online
- Performance Appraisal
- Salary Sources
- Sinai1 Profile
- Surveys
- Tax Forms / Address Change
- Travel Waiver



The Language Competency Form is available under the *Employee Self Service* application.

Development Tools

- BitKeeper
- Departments
- Developer
- Forms Admin2
- FTP / Data Exports
- Help Administration
- Payroll Load
- Production Control
- Project Management
- Servers
- State Engine
- System Support
- Tables
- User Support

Utilities

- Directory
- Extranet Users
- Glanzmann
- New policies
- Personal Profile
- Show Pictures

- Email Support**
- Documentation**
- Change Layout**

Completing the Language Competency Form

Home > Employee Self Service > Language Competency Profile

Ready.

languages

FIRST HALF OF FORM

Employee Language Skills Self-Assessment

Employee Name	Lifenumbr	Job Title	Department	Status	Schedule Date	Score
TEST CASE	1234567	ASST PROF PEN	091-Global Health	DRAFT		

This self-assessment is intended for clinical employees who are bilingual or multilingual and communicate with patients in a language other than English. Bilingual clinical staff who communicates with patients in a language other than English must identify and maintain qualifications of their bilingual capabilities on file.

Please specify if you currently use a language other than English regularly as part of your job responsibilities and rate your proficiency level according to the key below:

Language

An individual who has lived in a non-English speaking country for 16 years, or who has had a comparable level of schooling in a non-English language is considered to have knowledge equivalent to a native speaker. Is your knowledge of this language equivalent to a native speaker?

Do you use this language to speak with patients?

Do you wish to continue/begin using this language to speak to your patients?

Fields highlighted in red are required in order to submit the form

What is your proficiency level?

Key	Description
1	<input type="radio"/> 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.
2	<input type="radio"/> Meets basic conversational needs. Able to understand and respond to simple questions can handle casual conversations about work, school, and family. Has difficulty with vocabulary and grammar.
3	<input type="radio"/> Able to speak with sufficient accuracy and vocabulary to have effective formal and informal conversations on most familiar topics related to health.
4	<input type="radio"/> Able to use the language fluently and accurately on all levels related to health care work needs. 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.
5	<input type="radio"/> Speaks proficiently equivalent to that of an educated native speaker. The individual uses the language including health care topics with complete flexibility so that speech on all levels is fully accepted by well-educated native speakers in all of its features, including breadth of vocabulary and idiom, colloquialisms and pertinent cultural references.

For level 4 & 5, please check off additional qualifications/credentials that support your language proficiency level and attach them to this form:

Checklist Locks

Save

The following fields are invalid or missing:

- Language
- Proficiency
- Native Speaker
- Speak with Patient
- Continue Speak to Patient

A Checklist at the bottom of the form will also indicate required fields. Forms can be saved as Drafts and returned to at a later time.

Completing the Language Competency Form

Home > Employee Self Service > Language Competency Profile

Ready.

SECOND HALF OF FORM

languages

Key	Description
1	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.
2	Meets basic conversational needs. Able to understand and respond to simple questions can handle casual conversations about work, school, and family. Has difficulty with vocabulary and grammar.
3	Able to speak with sufficient accuracy and vocabulary to have effective formal and informal conversations on most familiar topics related to health.
4	Able to use the language fluently and accurately on all levels related to health care work needs. 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.
5	Speaks proficiently equivalent to that of an educated native speaker. The individual uses the language including health care topics with complete flexibility so that speech on all levels is fully accepted by well-educated native speakers in all of its features, including breadth of vocabulary and idiom, colloquialisms and pertinent cultural references.

For level 4 & 5, please check off additional qualifications/credentials that support your language proficiency level and attach them to this form:

- Formal Language assessment by qualified agency
- Knowledge equivalent to a native speaker with a higher education in the language and demonstrates sufficient accuracy and vocabulary in the health care setting
- Documentation of successful completion of interpreting training
 No file chosen
- Documentation of years employed as an interpreter
 No file chosen
- Other – Please specify:

Individuals with a level 3 or below, as defined by the *Employee Language Skills Self-Assessment Key*, must take a language proficiency test and should contact the Language Assistance Program Coordinator at 212-659-8990 to arrange for this

By submitting this form, you certify that the information above is true and correct to the best of your knowledge.

Signed By:

Checklist Locks

Once all required fields have been completed a ‘Submit’ icon will appear. By clicking submit the form will forward to the *Language Competency Admin* with an updated status: ‘Review’. A representative from Language Assistance will contact you and inform if further documentation or testing is required.