

Interpreters in Health Care

Language Assistance Resources

Clinics may use a combination of resources to provide language assistance, including:

1. Bilingual staff, which may not be sufficient if patients usually include several language groups.
2. Staff interpreters, especially where there is a very large presence in a few major language groups.
3. Volunteer staff or community interpreters. This is especially cost-effective but can be disorganized. Community-based organizations also can review translated materials to ensure that they are accurate and easily understood.
4. Contract with an outside interpreter service. This may be an option for small clinics or offices, where there is a small "limited English proficiency" (LEP) population or there are some less common LEP language groups.
5. Use a telephone interpreter service, such as the AT&T Language Line, as a supplemental system for a language not usually encountered. These services may not always have readily available interpreters who are familiar with the specialized medical terminology.
6. Use of patient's family or friend. This is usually the least appropriate because the person is untrained, may not understand specialized terminology, and has no obligation to maintain confidentiality. His or her presence, especially if it is a child, may obstruct the flow of confidential, intimate, medical information or details of family life to the provider or explicit explanations from a provider to the patient.

<http://www.hhs.gov/ocr/lep/guide.html>

Most of the Community Clinics use a combination of bilingual staff and volunteer staff with an occasional family member or friend.

INTERPRETER'S ROLE

The Interpreter's role is seen as a flexible gradient, ranging from the least intrusive and interactive "neutral" transmitter, to conduit or clarifier, to culture broker and finally, to the most intrusive role of advocate.

The "traditional neutral interpreter" role only provides accurate transmissions, conversions from one language to another, without being active in the social encounter.

The "interpreter as conduit" role is message transmission but with culturally appropriate equivalence. The interpreter is a "communication advocate" but does not offer cultural explanations; he/she is not a "cultural broker."

The more "active and engaged" roles of an interpreter are usually when the interpreter is a part of the patient community, helping to "facilitate" the "intended meaning" of the messages between two people. The interpreter potentially is an active member of the social encounter with the provider and the patient.

Advocating for the patient and the community is generally seen with interpreters from "small, closely-knit cultural communities", where language is seen as "more than [just] a tool for communication". A Navajo interpreter explained this perspective when she said:

"We have to think of ourselves as being part of the community. We have to think about the people that we are talking to (and our relationship to them). There is a clan system. There are certain things I can't interpret if it's for my husband's clan . . . or for my father's clan, especially if it is about certain sensitive things, like the male parts of the body. There are certain things that I, as an interpreter, cannot interpret if the person I am interpreting for is older than me. I can't say certain things to a male that I can say to a female. There are certain things a young female interpreter can't say to a young man. There are certain things a male interpreter can't say to a man.

And, then there is spirituality. There are certain things I can't interpret to anybody because of the spiritual part of it. In our culture, there are some things you don't say. So, I have two worlds that I have to take the patient through. Western medicine that is separate from our lives and the Indian way of life where we're at all the time. By knowing both sides, I bring those two forces together. I show the patient - this is what is over there. I show the provider - that is what is over there. So, it's a lot more than just saying what the doctor and patient say. You have to consider all these things."

(http://www.ncihc.org/HC_Interpret_Role.pdf The Role of the Health Care Interpreter, An Evolving Dialogue, Maria-Paz Beltran Avery, Ph.D.)

TECHNIQUES FOR WORKING WITH AN INTERPRETER

There are particular techniques that are important for working with an interpreter.

General pointers

- o Arrange the seating to allow for easy communication: in a circle or triangle or place the interpreter to the side and just behind you. Sit facing and looking at the patient. Do not look back and forth from the interpreter to the patient.
- o Talk directly to the patient, as you would with an English speaker, not the interpreter. Always use the first person e.g. "How are you feeling?" or "How are you sleeping" not (to the interpreter) "Ask her how she is feeling" or "How is she sleeping?"
- o Be aware that it may take more words than you've spoken to convey the message.
- o Remember to watch the patient's non-verbal cues (they are 60 percent of all communication).
- o If the patient and interpreter start talking to each other, ask for a translation. Do not let their

conversation continue without you, but likewise, avoid long conversations with the interpreter which would exclude the patient.

- o Allow for extra time.

Before meeting with the patient

- o Brief the interpreter, if possible.

- o Arrange a discrete signal that the interpreter can give you if you are speaking too fast.

- o Encourage the interpreter to inform you of any cultural differences that may lead to misunderstandings or lack of compliance with the prescribed treatment. Respect the interpreter's suggestions but do not allow him/her to take over.

MEETING WITH THE PATIENT

- o Introduce yourself and the interpreter.

- o Confirm the issue of confidentiality with the interpreter and reassure the patient.

- o Speak a little more slowly than usual, in your normal speaking tone. Speaking louder doesn't help.

- o Use plain English where possible, do not use slang, jargon, or colloquial expressions. Avoid jokes.

- o Avoid using the word 'GET' - it is difficult to translate in many languages.

- o Pause after 2 or 3 sentences to allow the interpreter to relay the message.

- o If you have a good understanding of the other language, you may spot some errors in the translation. Be cautious of embarrassing your interpreter.

- o Summarize periodically. If the patient does not understand, it is your responsibility (not the interpreter's) to explain more simply.

- o Seek the patient's permission if you need to obtain cultural information from the interpreter.

- o Long numbers can be confusing. Be sure the interpreter has the right number of zero's.

AFTER THE MEETING WITH THE PATIENT

- o Debrief the interpreter if the interview was emotional and clarify, out of sight of the patient, any questions you have from the meeting.

- o Ask the interpreter for feedback as to how you could improve in future.

(http://www.health.qld.gov.au/hssb/hou/interpret_cp.htm)

(Multicultural End-Of-Life Care: Dying and Diversity: Working with Interpreters

<http://www.mywhatever.com/cifwriter/library/36/acc551.html>)

http://www.culturalsavvy.com/interpreters_2.htm)

http://www.intracen.org/serviceexport/sehp_working_with_interpreters.htm)

http://www.culturalsavvy.com/interpreters_2_a.htm)

<http://www.barrettwells.co.uk/interpreters.htm>)