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Cultural Competence Module 8

Bilingual Staff vs. Trained Medical/Healthcare Interpreters

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Module 8: Bilingual Staff vs. Trained Medical/Healthcare Interpreters

Module Estimated Time: 25-30 minutes

Statement of Purpose:

The purpose of this module is to define bilingualism and describe the difference between being a bilingual individual and a trained interpreter. By exploring the different levels of bilingualism, we will take a peek at specific important linguistic nuances, such as False Fluency and use of False Friends and Cognates, as well as the skills that interpreters train for in order to become qualified and ensure accuracy and completeness while facilitating the communication between providers and LEP patients.

Objectives:

Upon the completion of this module, the learner will:

1. Be aware of the benefits of using qualified interpreters vs. *ad-hoc* healthcare interpreters or untrained bilingual staff
2. Understand the difference between Cognate, False Cognates and False Friends
3. Be able to identify skills of interpretation vs. bilingual skills
4. Be aware of linguistic nuances that are mastered by qualified interpreters
5. Be aware of the type of skills that interpreters need to train for in order to interpret accurately

Terminology

(LEP) Limited English Proficiency
Healthcare Interpreter
Medical Interpreter
Misinterpretation
Misunderstanding
Qualified interpreter
Ad hoc Interpreter
Language Barrier
Video Remote Interpreting (VRI)
Face-to-Face Interpreting
Effective Communication
Proficiency
Over-the-Phone Interpreting (OPI)
Language of Preference (LOP)
Bilingual Staff
Freelance Interpreter
Language Service Provider
Bilingual
Fluency
False Fluency
False Cognates
False Friends

1. **Bilinguals Staff used in lieu of Interpreters (Introductory Lecture)**
   Introduce the common practice of utilizing bilingual staff in lieu of interpreters along with some of the reasons for lack of compliance.

Time: 2 minutes

Materials: None

Although the legislative and ethical case for providing language access to LEP patients through the use of competent and qualified interpreters is very strong, more often than not, providers gravitate toward the use of bilingual staff to interpret communication with their LEP patients.

This could be due to several reasons: lack of availability of staff interpreters, cost associated with contracted interpreters, systemic barriers, and more. One of the most common reasons for this "arbitrary" replacement is the general misconception that all bilingual individuals can intuitively interpret.

2. **What is a Bilingual and an Interpreter? (Introductory Lecture)**
   Discuss the importance of Patient-Centered Communication and Patient-Centered Care and introduce the definition Limited English Proficiency (LEP).

Time: 7-10 minutes

Materials: Laptop/Computer
LCD Projector/Screen
Remote Presentation Clicker
PowerPoint of Module 8

Preparation: Before class, prepare laptop, screen and LCD projector. Have clicker at hand to advance PowerPoint Slides.

Slide 1

A Bilingual is an individual who speak two languages. A bilingual person will always have a dominant language, being the language that he/she has grown up with and has transitioned from childhood into adulthood, as well as used during the years of main education or to interact with family, friends and in the professional setting. Bilingual individuals are generally less dominant in their second language, unless an individual has taken several language courses for grammatical nuances and communication skills, or has spent a period of time in a country where the language is spoken.

We can therefore say that there are different levels of bilingualism: some people can only speak one of the two languages at a very basic level with very limited range of vocabulary; others can speak, read and write it at a very intermediate level and be able to carry out a conversation with some limitations; others have mastered the second language at an advanced level and are able to

elaborate ideas or abstract concepts using the most simple or complex linguistic registers almost as they do with their first language.

Another category of bilingual people is identified with the term "heritage speaker." Heritage speakers are individuals who have learned a second language at home by communicating with their parents or other family members; heritage speakers may have never been exposed to an academic language course or lived in a country where that language is spoken. For that reason, although they may have good general use of grammar and native-like pronunciation, because they are exposed to the language only through the circle of family and friends, in general their vocabulary is limited, some improper use of grammar may be present and linguistic Interference from their dominant language is quite common along with false fluency and improper use of False Friends and Cognates. They also may have some difficulties with dealing with idiomatic expressions. Many individuals who are hired as bilingual staff fall under this category, and it is very important that their language proficiency be screened although they may sound like a native speaker.

Slide 2

False Fluency is very common when bilingual skills are not very strong. It entails incorrect use of expressions due to the wrong transfer of syntax and vocabulary between two languages.

One example is the wrong transfer of the English expression, "I will call you back later" into Spanish by using "Te llamo p'atrás más tarde," which would never be used by a Spanish native speaker. The False Fluency here is caused by the word-for-word transfer of linguistic elements that do not work well in Spanish; English prepositions in prepositional verbs like, "make-up," "water down," or "laugh off" cannot transfer into Spanish in the same way, rather, the semantic level is kept by re-structuring and replacing order of words and parts of speech. The Spanish equivalent of the English expression would be, "Te vuelvo a llamar más tarde" or "te llamo otra vez más tarde" which would transfer back word-for-word into English as "I will again call you later" or " I call you once more later,, which would be considered False Fluency of English.

Slide 3

Another linguistic difficulty for Bilinguals is the ability to move between languages with the proper use of cognates and to replace words with the correct equivalent word in the other language, rather than using False Friends.

Cognates are words that share the same origin and therefore look and sound similar, and share a similar meaning. For example: English - Nation & Spanish – Nación

False cognates are words that may look and sound similar and may even share a similar meaning, but do not share the same origin. For example: English – Much (from Proto-germanic "mikilaz") & Spanish – Mucho (From Latin "multus")

False Friends, on the other hand, are words that may share the same origin and, although they may look similar and sound similar, they ultimately have different meanings.

Example I: English – "molest" = to abuse & Spanish - "molestar"= to annoy

Example II: English – "recover" = to return to a normal state of health & Italian – "ricoverare"= to admit a person in a health institute

Both "Molest and Molestar" and "Recover and Ricoverare" are cognates in that they share the same Latin word "*molestare"* & "*recuperare*" respectively, however, they are False Friends because they carry a different meaning.

Slide 4

Idiomatic Expressions, or Idioms, are the use of words that give a figurative meaning. Words do not have a direct meaning alignment associated with the overall expression. For this reason, when an idiom gets translated word-for-word, it loses its meaning. Because interpreters relay meaning and not words, it is important for interpreters to understand the meaning or message of the idiom used so they can transfer it into the other language….in a very short period of time!

Examples of English idioms are: to "kick the bucket"; "in a nutshell"; "to break a leg"…and many more.

If the Italian idiom "gettare la spugna" were to be interpreted literally, in English it would translate as "to throw the sponge" losing the original meaning and creating confusion among the English speakers. A trained interpreter would be prepared to use the equivalent English expressio "to throw in the towel" to convey the shared meaning in both languages, that is "to give up."

Slide 5

An advanced level of bilingualism is a key requirement for anyone who wishes to enter the field of interpreting or written translation. It is a pivotal ingredient, but it does not suffice to becoming an interpreter. There is a misconception that anyone who speaks two or more languages can intuitively be an interpreter. That would be like saying that anyone with two hands and a piano can intuitively be a pianist.

Slide 6

Interpreters have to undergo extensive training where they expand their vocabulary in a specific field, learn about standards and protocols and how to manage ethical dilemmas. They also practice their interpreting skills modes, and improve their listening, memorization, reading and speech-speed, and more.

In addition, they learn about providers' approaches and expectations; hence, while many

qualified medical/healthcare interpreters learn how to effectively work with healthcare providers, unfortunately, not many providers receive information on how to work with interpreters and what to expect.

In a nutshell, we should say that a Medical/Healthcare Interpreter is an individual who has proven an advanced/superior level of bilingualism through language screening and assessment, and has undergone and successfully completed extensive training, including final assessments and internships.

3. How good is your Memory? (Whole Class Activity)
Instructor reads a passage to students who have to recall the passage in detail to practice memorization

Time: 7 minutes

Materials: Continue to use all Materials and PPT used for previous lecture points
Memory Handout for Module 8
Blank Paper and Pen/Pencil

Slide 7

Before activity - Instruct students to close all books and use a blank piece of paper and a pen or pencil. Explain that you will be reading a short passage and that students will need to listen carefully.

During Activity - Read the passage on handout at a comfortable pace.

At the end of Activity - When you reach the end of the story, tell students to write the whole story as they heard it, trying to recall as many details as they are able to. Allow 2-3 minutes for students to write.

When students are done writing the story, explain that for every detail you read back from your passage, students have to write 1 point for themselves if they were able to recall it and write it down. When you are done reading back every segment of the passage, ask students to add up their points.

Then, ask students to raise their hand if:
1. They score at least 10 points
2. They scored between 10 and 15 points
3. They scored between 15 and 20 points
4. They scored between 20 and 25 points
5. They scored 25 points (the maximum number of points)

4. Was It Easy to Remember? (Whole Class Discussion)

Instructor will gauge students' reactions and receive feedback from students

Time: 3-5 minutes

Materials: None

Ask students what helped them recall some of the details. Students may say that visualization was a way to retain memory; other may say that they personally related with some of the details, which helped them remember them more than others.

Explain that this type of exercise is often used in training interpreters to expand their memorization skills and that this type of exercise eventually is done by moving from one language to another. Also close this session explaining that, the more knowledge you have about what you need to memorize, the better the chance to retain the information. To further explain this, tell students that if this passage had focused on electronic engineering, the number of details they would have been able to recall would be much smaller, unless they had some knowledge in the field of electronic engineering.

5. Final Thoughts on using ad hoc Bilingual Staff Members over Trained Interpreters (Closing Lecture)

Instructor recaps all risks associated with accuracy when using untrained and unscreened bilingual staff in lieu of trained and qualified medical/healthcare interpreters

Time: 2 minutes

Materials: None

Close this lesson with these points:

- Accuracy and clarity when communicating with patients is extremely important. Using bilingual staff members that have not been screened for language proficiency to interpret medical information accurately between providers and patients creates a potential risk for adverse events.

- Enabling misinterpretations and misinformation on diagnostic and treatment information generates a sub-standard level of care

- Having bilingual providers communicating directly with their patients is ideal as providers and patients can directly communicate with each other without the help of a third party to facilitate communication.

- However, having a bilingual staff member function as a third party who has to deliver someone else's message, be it the provider's or the patient's, is different and it leaves room for communication errors which may compromise the patient's health outcome.

Memory Handout for Module 8
How Good is Your Memory?

Instructions
Listen to this story. Use any method you want to try to remember it as accurately as possible.

Story
Last Wednesday I went to visit my friend Charles whom I haven't seen since three summers ago. He lives in a small town about 5 hours from my house. Since we were going to go on a picnic, I brought my dogs Ginger and Roxie, a big red blanket to sit on, and a picnic basket full of food. I brought ham and cheese sandwiches, some watermelon, and a strawberry cheesecake.

I left pretty early, about 8:00, but I had one problem after another. First of all, I forgot whether I had closed the garage door. Then, Route 46 was interrupted due to some construction and I had to detour to Garfield Blvd. I ended up taking the wrong turn off Lexington, so I ended up on a dirt road somewhere. Then I got a flat tire! By the time I got the tire changed, I was so hungry that I just sat down and ate my picnic lunch all by myself.

Instructions
Write down the story, as accurately as you can. Now give yourself one point for each detail:

1. I went on a trip on Wednesday
2. I were visiting a friend
3. My friend's name was Charles
4. I haven't seen your friend since three summers ago
5. My friend lives in a small town
6. The town is about five hours from your house.
7. We were going to have a picnic
8. I brought your dogs Ginger and Roxie.
9. I brought a big red blanket to sit on
10. I brought a picnic basket full of food.
11. I brought ham and cheese.
12. I brought some watermelon
13. I brought a strawberry cheesecake.
14. I left around 8:00
15. I had lots of problems.
16. I forgot whether I had closed the garage door
17. Route 46 was interrupted due to some construction
18. There was some construction
19. I had to detour to Garfield Blvd
20. I ended up taking the wrong turn-off Lexington.
21. I ended up on a dirt road.
22. I got a flat tire.
23. I changed the tire.
24. I were hungry
25. I ate the picnic lunch all by yourself.

4. At the end:

Find out (by a show of hands) what most participants have scored (highest possible score is 25 points). Invite those who have scored the highest to share some of the personal tips they used to remember details. Invite those who did not score too well to share about what they would do differently next time.