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Cultural Competence Module 9

Managing Effective Patient Communication Through Medical/Healthcare Interpreters

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Module 9: Managing Effective Patient Communication Through Medical/Healthcare Interpreters

Module Estimated Time: 32-39 minutes

Statement of Purpose:

The purpose of this module is to briefly introduce modes, standards and protocols of interpreting and better understand the interpreter's role. Furthermore, it provides suggested guidelines on working with qualified interpreters to successfully manage the triadic encounter of provider, patient and interpreter to bridge communication most effectively.

Objectives:

Upon the completion of this module, the learner will:

1. Be aware of the benefits of using qualified vs. *ad-hoc* healthcare interpreters
2. Be able to identify nuances of interpretation vs. bilingual skills
3. Be aware of insights and guidelines of standards, protocols and effective behavior of interpreters
4. Know how to properly work with qualified interpreters

Terminology

(LEP) Limited English Proficiency
Healthcare Interpreter
Medical Interpreter
Misinterpretation
Misunderstanding
Qualified interpreter
Ad hoc Interpreter
Simultaneous
Modes
Consecutive
Sight Translation
Session
Pre-session
Post-Session
First Person Interpreting
Third Person Intervention
Standards
Accuracy
Completeness
Impartiality
Professionalism
Confidentiality

1. **Managing the Triadic Encounter (Introductory Lecture)**
   Discuss the importance for providers to understand how to work effectively with interpreters

Time: 2 minutes

Materials: None

Understanding the role of interpreters and how they approach the triadic encounter is important for patients and providers to communicate in a successful manner while reducing the risk of misinterpretations, omissions or errors.

While interpreters learn how to effectively work with providers, not every healthcare provider learns how to effectively work with interpreters. This is mainly due to the lack of cultural competency content in healthcare provider curricula. The lack of understanding of what interpreters do and how they work creates some erroneous expectations on the provider's side, which is the cause of much frustration for both providers and interpreters. This can lead to compromised communication with LEP patients.

2. **A Glimpse into the World of the Interpreter (Lecture)**

Time: 10 minutes

Materials: Laptop/Computer
LCD Projector/Screen
Remote Presentation Clicker
PowerPoint of Module 9

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

Slide 1

The main role of the interpreter is "to facilitate communication." The interpreter cannot guarantee that the patients' health outcome is a positive one, nor can the interpreter facilitate communication shortcuts for the provider. The interpreter is there to facilitate communication of everything that the provider says, and everything that the patient (or family members/care taker present) say.

One of the greatest errors made by untrained interpreters is "to participate" in the communication between patients and providers rather than "to facilitate the communication." This can happen by having side conversations with patients or providers, adding their opinion in the conversation and taking the initiative to explain concepts without clarifying with the provider or the patient.

Providers should be vigilant in ensuring that ad hoc interpreters do not engage in side conversations, or make jokes or remarks that were not a part of the original message of the provider.

Slide 2

Interpreters use different modes of interpreting in Healthcare. One of the most common modes of interpreting is the consecutive mode. This means that a person speaks, pauses and the interpreter interprets; then the other person speaks, pauses, and the interpreter interprets, and so on.

This mode is very appropriate for the triadic setting, such as assessments, or consultations in an exam room. Over-the-Phone (OPI) and Video Remote Interpreting (VRI) occur mainly in Consecutive Mode as well.

Another Mode of Interpreting that is also widely used the Simultaneous Mode. This happens when one person speaks and the interpreter interprets at the same time with a very slight delay since the first few words have to be heard before the interpreter can begin.

This mode of interpreting is widely used in emergency cases where too many things may be happening at once and multiple people may be speaking at the same time. It is also used frequently in Mental Health with patients who may have illogical discourse and will not pause for the interpreter.

Sight Translation is a mode of interpreting that is used when a document is written in one language and needs to be read out in a different language. This is probably the most difficult mode of interpreting since, depending on the technicality of a written document, the interpreter needs to maintain the same linguistic register. This may be used particularly when Informed Consents and other vital documents may not have been translated into another language.

Lastly, Summarization is the least preferred mode for interpreters in healthcare as it entails summarizing information and leaving out details that may be important. This may be used when a patient shares a great deal of information before the provider arrives. The interpreter will summarize the conversation with the patient in order to bring the provider up to speed with the information previously relayed by the patient.

Slide 3

Interpreters use protocols to avoid potential problems and to ensure patient/provider trust, interpreter/provider trust and patient/interpreter trust.

Pre-Session, the interpreter will introduce himself, explain that confidentiality will be maintained and that everything will be said as accurately as possible.

During the Session, the interpreter follows a number of protocols:

1) They interpret everything using the first person when the provider or the patient speaks; hence, if the patient says, "My stomach hurts," the interpreter will repeat in the other language, "My stomach hurts."

2) They also choose what mode of interpreting they are going to use based on the type of interaction and the emotional state of the speakers.

3) They will position themselves so that the patient and provider can look at each other.

4) They will be applying Healthcare Interpreting Standards throughout the encounter.

5) They will stay vigilant for the need to interrupt to clarify terms, concepts and expressions with either the patient or the provider.

6) They will apply the rule of transparency when making clarification so that everyone in the encounter is aware of the type of intervention that the interpreter is making.

7) They will switch into third person when intervening and they will address themselves as "the Interpreter."

One example of how this type of intervention may sound is, "Interpreter would like to clarify a term that the patient used that interpreter does not understand."

The interpreter uses the Post-Session to address any unresolved issue at the end of the encounter. This may include asking the provider to return to the room to further clarify treatment information or diagnostic information.

3. Role Play of a Triadic Encounter Using an Interpreter (Role Play Activity in Triads)
Students will engage in a role-play to practice using Interpreters with Consecutive Mode

Time: 10 minutes

Materials: Triad Activity Handout for Module 9
Same Material as for previous activity with PPT for Module 9

Slide 4

Before activity -
1) Instruct students to form groups of three
2) Ask each triad to decide who will play the interpreter
3) Give a handout for Module 9 to all students, EXCEPT to those students who will be playing the role of the interpreter
4) Explain that the activity will be in English and the person who plays the "interpreter" will be repeating everything he/she hears in English

During Activity - In each triad, one student plays the role of the provider, one student plays the role of the interpreter; one student plays the role of the patient.
Patients and providers will follow the script to carry on a conversation and practice pausing for Interpreter.

4. **Easy to work with Interpreters or not? (Whole Class Discussion)**

   Instructor will elicit students' feedback on communicating to another person with an interpreter who uses the Consecutive Mode

Time: 3 minutes

Materials: None

Ask students about the challenges they faced during the activity.

Student feedback may include:

"It is difficult to pause," "I kept looking at the interpreter instead of the patient," "I got confused."

Explain that what happens in a classroom environment may not reflect very well what happens in the real world. Because this exercise is done only in English, in a real scenario where the patient speaks another language and the interpreter moves from one language to another, it becomes less confusing.

5. **Tips for Managing the Triadic Encounter**

Time: 5-7 minutes

Materials: Laptop/Computer
LCD Projector/Screen
Remote Presentation Clicker
PowerPoint of Module 9

Slide 5

To ensure Patient-Centered Communication during a conversation where an interpreter is used, here are some tips that will help you better manage your patient/provider communication.

- Look at the patient in the eye. Although it is human nature to gravitate toward those who we feel really understand us, remember that you are speaking to your patient, NOT the interpreter.

- Speak to you patient, not about your patient. Many times providers address the patient in third person with the interpreter. They might say, "Interpreter, ask Mr. Silva when he took his last prescribed medication." By speaking about the patient in third person, the

provider is by default excluding the patient form the conversation. Remember, YOU ARE SPEAKING TO THE PATIENT, NOT TO THE INTERPRETER ABOUT THE PATIENT.

- Interpreters have to repeat what you say as accurately and as completely as possible. Speaking in short segments and pausing often will help them memorize the information and retrieve it in an accurate manner.\

- Everybody is aware that medical jargon can be quite challenging even to English speakers. Keeping words and concepts simple will allow the interpreter to relay the same simple message to the patient and reduce the risk of misunderstandings.

- Keep a normal voice. People who have Limited English Proficiency will not understand you better even if you raise your voice.

- Check frequently with the patient to assess whether he/she understands all the information you are providing.

6. **Final Thoughts on working with Interpreters (Closing Lecture)**

Time: 2 minutes

Materials: Laptop/Computer
LCD Projector/Screen
Remote Presentation Clicker
PowerPoint of Module 9

Close this lesson with these points:

Slide 6

- Working with interpreters to communicate with patients can be a very positive experience, especially once you become comfortable with the professional approach they use.

- Unfortunately, a trained interpreter may not always be available and, sometimes, you may have to work with ad hoc interpreters, or interpreters that have very little or no training.

- In such an event, be vigilant that the interpreter does not: put his/her opinion into the encounter; engage in a side conversation with patient; engage in a side conversation with provider; speak over the provider or patient's voice

Slide 7

- When using ad hoc interpreters, follow these suggestions to help them work effectively with you and the patient:
- Guide them with positioning
- Suggest the use of first person
- Watch that she/he does not engage with side conversations with you or the patient
- Use low register or simple vocabulary to avoid misunderstanding/ misinterpretation
- Speak in short segments and pause

Handout for Module 9

Interpreting Practice in Consecutive Mode:
Trained Healthcare Interpreter, ER Patient and Triage Nurse

Triage Nurse: I need you to step onto the scale here and then sit over there, please.

Patient: *What do I weigh?*

Nurse: 65 Kilograms. Your weight is measured in kilograms. Who is your private doctor?

Patient: *I have not seen my doctor in the last year, but his name is Dr. Schwarz*

Nurse: Are you allergic to penicillin?

Patient: *Not that I am aware of.*

Nurse: Have you ever had a bad reaction to any medicine that you have taken?

Patient: *One time when I was small, my mother took me to a hospital. The doctor gave a shot that made me swell up for hours. My mother got very scared that I might suffocate.*

Nurse: Do you take any medicines?

Patient: *No, only some vitamins and herbal teas.*

Nurse: Relax and I will take your blood pressure, pulse and temperature. How did you fall down?

Patient: *I was working outside and was using a very high ladder. I heard a loud noise coming from the house and there it happened. I missed a step and fell right on the floor.*

Nurse: What time did this happen?

Patient: *It must have been 6-ish as the sun was coming down already.*

Nurse: Have you had a tetanus shot in the last five years?

Patient: *Excuse me, I am not sure what that is.*

Nurse: It keeps you from getting a disease known as lockjaw from germs that may have been on the knife.

Patient: *Maybe, but I could not say for sure.*