

Every Time? Changing Mindsets

Effective communication is a critical aspect of safe, quality patient care.
— The Joint Commission



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Clinician Training on Language Access



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Tips



Guide for Partnering with an Interpreter

From the National Council on Interpreting in Health Care



Interpreter or Translator?

Interpreters render a message spoken or signed in one language into a second language. Translators do the same with written documents. Qualified healthcare interpreters have received training in role, ethics and protocols, are able to render messages accurately without adding or omitting meaning, and are familiar with the relevant medical terminology in both of their working languages.

When to partner with an interpreter

Partner with an interpreter whenever the patient or their caregiver has identified a "preferred language for healthcare" that is anything other than a language you speak as a professional, or when you believe that language or cultural differences may cause a barrier to clear communication. This includes even short interactions in which you don't intend to give or receive significant information, as you never know when someone will say something that changes your care plan. Do not allow family members or friends to interpret in clinical settings, as the risk of inaccuracy is high. The use of minors as interpreters for clinical encounters is prohibited unless it is an emergency involving an imminent threat to the safety or welfare of an individual or the public and there is no other interpreter available through any modality, i.e. phone or videoconference.

Techniques for partnering effectively with an interpreter

Brief the interpreter on the goals of the encounter including any expected challenges, e.g. you intend to share bad news, the patient just had a stroke and may have garbled speech, etc.

During the encounter, **speak directly to the patient**, not to the interpreter. This allows you to develop a rapport directly with your patient.

With spoken-language interpreters, **speak at an even pace and pause after a full thought** to allow the interpreter to interpret. If you see a spoken-language interpreter raise their hand in front of their chest, they are asking for a pause. Sign language interpreters typically interpret at the same time as the speaker is speaking/signing simultaneously.

Assume that everything that you say and that the patient says will be interpreted. If you feel that the interpreter has not interpreted everything, ask the interpreter to do so.

If you must address the interpreter directly about an issue of communication or culture, **let the patient know first** what you plan to discuss with the interpreter.



Whenever possible, **avoid the use of slang, highly technical medical terminology, acronyms and complicated sentence structures.** Speak in full sentences, without changing your idea in the middle of a sentence. **Ask one question at a time.**

Find methods other than humor to establish rapport with the patient. Humor is difficult to interpret accurately, and what is humorous in one culture may not be funny in another.

Ask the interpreter to point out potential cultural misunderstandings. Respect an interpreter's judgment that a particular question is culturally inappropriate and either rephrase the question or ask the interpreter's help in clarifying the information you need more importantly.



Techniques for partnering effectively with an interpreter continued

Do not hold the interpreter responsible for what the patient says or doesn't say; the interpreter is the medium, not the source, of the message. **Don't make assumptions about the patient's educational level.** An inability to speak English does not necessarily indicate a lack of education. **Use teach-back in order to assess patient understanding.** Ask the patient to repeat the key information of the encounter (e.g. diagnosis, care instructions).

Always document the presence of an interpreter in the medical record, including the interpreter's name or ID number. If a patient declines the offer of an interpreter, document in the record how services were offered with a note that they were declined, e.g. "Mrs. Suarez was offered an interpreter via phone interpreter and declined. Phone interpreter ID#: 4878."



Keep in mind that:

- A qualified interpreter will use the first person in interpreting, reflecting exactly what the patient said, e.g. "My stomach hurts" instead of "She says her stomach hurts." This allows you to hear the patient's "voice" most accurately and deal with the patient directly.
- Many concepts you express have no linguistic, or often even conceptual, equivalent in other languages. The interpreter may have to paint word pictures of these terms and concepts; they will take longer than your original speech.
- The interpreter will not explain medical concepts to the patient; that is your job. However, the interpreter may speak up if they feel that the patient is not understanding.

Additional guidance for partnering with sign language interpreters:

- Maintain eye contact with the patient. Signed languages are visual languages, so looking at each other is critical.
- Pay attention to facial expressions. These form an important part of conveying meaning in signed languages.
- Be aware that signed languages are not universal. Each country has its own distinct sign language.

Additional guidance for partnering with interpreters remotely via telephone or video conference:

- Reduce background noise as much as possible.
- Position the video equipment so that the interpreter can see both you and the patient. If that is not possible, focus the video equipment on the patient.
- When attending patients who are Deaf or Hard of Hearing, ensure that the interpreter and the patient can see each other. The interpreter does not need to see you, only hear you.
- Tell the interpreter your name, the patient's name, the clinical setting (primary care, endocrinology, outpatient surgery, etc.), the purpose of the encounter and who else is in the room. Example: "This is Dr. Lee in obstetrics. We're here today with Mrs. Tran for her initial prenatal visit. She's here with her husband and mother-in-law."
- Allow the interpreter to briefly introduce themselves to the patient.



To the degree that it is feasible, slow down. Providing care across linguistic and cultural barriers will require more time than usual. However, the effort you invest in establishing strong rapport and clear communication will avoid wasted time and dangerous misunderstandings later.

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Tips Are Not Enough



- Clinician language access training often focuses on how to get an interpreter, and what to do once the interpreter is there.
- This is less important than why and when to work with an interpreter because:
 - How to get an interpreter varies by organization
 - Once the interpreter is there, they can help the clinician work with them effectively.

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A Novel Intervention



- To address this gap, we are developing a new training for clinicians.
- Focuses on why individual clinicians choose not to work with an interpreter even though they know one is needed.

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Psychologically Wise Interventions



- Address “subjective construal”— how people make sense of or interpret themselves, other people, or a social situation — because this drives behavior
- Use targeted methods to change these interpretations of the world, creating lasting change

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Psychologically Wise Interventions



There are three key parts:

1. Learning the new point of view
2. Doing an exercise that encourages you to adopt and apply the new mindset
3. Providing an opportunity to share the idea with others

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Example Wise Intervention: Hypocrisy



- College students were asked to advocate for safe sex to high school students and, in addition, to recall times they had not practiced safe sex themselves.
- Comparison groups:
 - Students who only advocated for safe sex
 - Students who only recalled their own inconsistent past practice
- Those in the hypocrisy condition subsequently purchased more condoms than either of the other groups.

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Every time. It's worth the trouble.

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When do you work with an interpreter?

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For anyone who speaks English less than “very well”



- Anytime any patient or person accompanying a patient would prefer to use a language other than English
- Ensure they know interpreters are provided:
 - At no cost
 - In a timely manner
 - With pleasure. Getting an interpreter is not a burden.

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When should you work with an interpreter when someone does not speak English at all?



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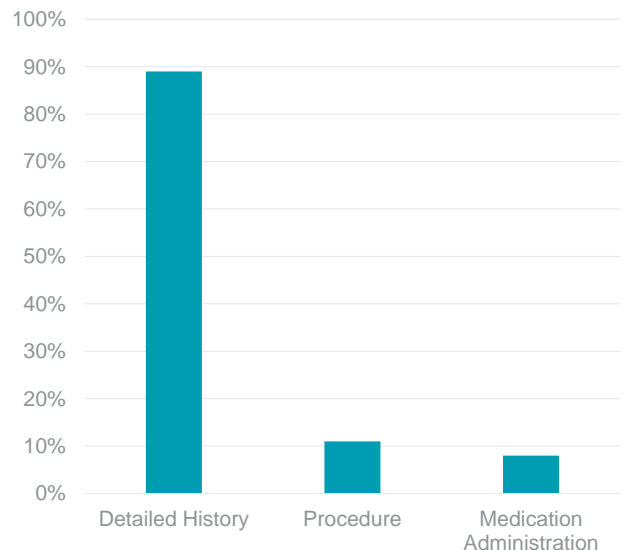
Every time? Is it worth the trouble?



Providers are less likely to work with interpreters for discussing things they hope will be straightforward or if they believe a patient or parent understands them.

Would you work with an interpreter for:

- detailed history?
- bedside procedure?
- medication administration?
- returning to the exam room just to give a piece of candy to the patient's sibling?



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My first patient was brought in, a Hispanic woman who spoke no English.

A 5-year-old boy came into the exam room with her, I presumed her son. He looked hungry.

A drug rep had visited us for lunch and left some candy; I went out and got some and gave it to the boy. I didn't think it would do anything for his hunger, but I wanted to show him that I cared about him.

He ate a piece and turned to his mother and, in Spanish, said, 'This tastes better than the rat we had for supper last night.'

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Exercise – 5 minutes



In writing, describe a specific instance when you chose not to work with an interpreter.

Why did you make that choice?

What could have been communicated that would have changed the situation?

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Share – 3 minutes



How can you share what you've learned today with other clinicians?

Write down a brief action plan.

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Feedback? Questions?

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