INTERPRETATION TOOLKIT

UTAH DEPARTMENT OF HEALTH

Office of Health Disparities

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INTRODUCTION

Overview

Nearly one in six Utah residents older than age five speaks a language other than English at home (14.9%, Census 2011). Of these, 36% speak English "less than very well." Effective communication is crucial to the success of Utah's public health initiatives, campaigns, and medical encounters. The Utah Department of Health (UDOH) is committed to making clinical services and health care accessible to all members of the public and this Interpretation Toolkit (with accompanying *Translation Manual*[1])provides best practice guidance and resources to assist all UDOH and local health department (LDH) facilities and programs in serving limited English proficient (LEP) patients and clients.

Most Common Non-English Languages Spoken in Utah[2]

1. Spanish
2. Pacific Islander (Samoan, Tongan, etc.)
3. Chinese (Mandarin, Cantonese, etc.)
4. Native Tribal (Navajo/Diné, Ute, etc.)
5. German
6. Vietnamese
7. French
8. Portuguese
9. African (Somali, Dinka, etc.)
10. Korean

Objectives

The following recommendations are intended to guide UDOH/LDH personnel through step-by-step procedures to promote accurate, effective verbal interpretation between the languages spoken by providers and patients.

The *Toolkit* is intended to help clinic personnel:

- Anticipate and plan for interpretation services that your program may need;
- Obtain effective interpretation services through UDOH/LHD contracts;
- Reduce interpretational errors and potential miscommunications;
- Facilitate culturally and linguistically appropriate patient-provider interactions;
- Assess the quality of language interpretation providers/services.

[1] Free, online resources available at www.health.utah.gov/disparities/professional.html

[2] US Census Bureau, 2011 ACS 1-year Estimates, "Language Spoken at Home by Ability to Speak English for the Population 5 Years and Over." Refer to *Translation Manual* pages 4 -5 for further information.

Definitions

Translation is the written transfer of *text* information from one language to another.

Interpretation is the verbal transfer of *spoken* information from one language to another.

Interpretation service providers are entities that UDOH/LDH agencies contract with for interpretation services.

Community-based interpretation is any interpretation service provided by community members who are not employed by a contract interpretation service provider or UDOH/LDH.

Title VI of the 1964 Civil Rights Act[3] prohibits all federally-funded programs from discriminating on the grounds of race, color, national origin, and limited English proficiency.

BEST PRACTICE RECOMMENDATIONS

Standards Related to Interpretation[4]

It is strongly recommended that all interpretation services be assessed for the following standards:

1. *Clarity:* Verbal communication should be conducted at the appropriate health literacy level of your patient.[5] All verbal exchanges should be as clear and unambiguous as possible to ensure that the interpreter is easily heard and understood. In the "Recommendations" section (pgs. 6-7) you can learn about different ways for you to verify that your patient has heard and fully understands what you are trying to communicate through your interpreter.

2. *Accuracy*: Interpreted communication should contain the same meaning and content of the original English expression. Interpreters should avoid grammar mistakes and errors in pronunciation. This may be difficult for you to evaluate, especially when contracting an interpretation service provider for the first time, but ensuring that your medical interpreter is a native speaker of the non-English language is highly recommended. Most medical interpreting is based on accurately conveying the content and message, rather than literally translating a conversation word-for-word. Special consideration should be taken when using an interpreter in mental

[3] See "Translation Toolkit," for details (http://www.health.utah.gov/disparities/language/TranslationManual.pdf)
[4] These "standards" are not all-encompassing and should not be confused with the Interpreter Code of Ethics (which are found in Appendix A for reference).
[5] For consistency, the word "patient" is used throughout this toolkit and is interchangeable with "client," "customer," "consumer," etc.

health contexts, in which cases literal interpretation is more appropriate than just conveying meaning.

3. *Appropriateness*: Interpreted communication should be conveyed in an inoffensive, culturally appropriate manner (especially when interpreting sensitive or taboo topics, which may include topics such as reproductive health, end-of-life care, terminal diagnoses, sexually transmitted infections, illicit drug use, or personal behavioral history).Since it is likely that you know more about your patient than an interpreter, it is your responsibility to brief the interpreter of any cultural considerations prior to initiating an encounter.

4. *Privacy and Confidentiality*: Any medical encounter involving an interpreter should be conducted with the same consideration of privacy and confidentiality as any other medical interaction. In order to maintain confidentiality, individuals who are not involved in the direct care of your patient/client should never be asked to interpret.

Interpretation Options

1. *Trained in-person Interpreter*: This is the ideal, most effective means of medical interpretation. You should inquire into the level of training/certification of interpreters hired through contracted service providers. The Bridging the Gap interpreter training program is the certification that is recognized by the UDOH statewide, although other agencies may offer their own interpreter trainings and certifications.

2. *Professional telephone Interpreter:* Interpretation by telephone can be utilized effectively, but does require some logistical and technical considerations such as passing a phone between individuals or using a speakerphone or dual-handset apparatus. Scheduling limited English proficient patients/clients in designated appointment blocks may make it easier to schedule in-person interpreters.

3. *Informal Interpreter*: Community-based interpretation services obtained through refugee resettlement agencies or ethnic community organizations may be useful in the case of less common languages or emergency situations. Children, immediate family members, or untrained individuals (including bilingual support staff) should only be used as a last resort for medical interpretation.

4. *Other interpretation methods* include *video remote interpreting* (VRI) or *video relay service* (VRS) which utilize audiovisual technology to provide real-time interpretation for limited English proficient patients/clients as well as patients/clients who may be deaf or hearing impaired.

STEP-BY-STEP PROCEDURES

The following guidelines are recommended best practices which would ideally be applied to all interpretations provided through UDOH/LDH. These recommendations provide an effective framework which can be adapted and modified as needed.

Preparing for Interpretation

Using an interpreter generally increases the time and coordination needed to conduct a medical encounter. Here are a few tips for planning ahead that can help ensure that delays are kept to a minimum.

1. Anticipate and allocate time and funding for interpretation for follow-up visits and procedures. For new patients, the initial interpreter-assisted encounter should be used to obtain adequate information regarding interpreter preference (gender, dialect, etc.).

2. Advise patients and interpreters to arrive at least 20 minutes before the scheduled appointment.

3. Contact scheduled interpreters prior to the appointment date to confirm their attendance at the right date, time, and location.

Before an Interpreter-assisted Appointment

1. Untrained interpreters, including other patients/clients, or friends, visitors and family members (especially children) of the patient/client, should not be utilized for medical interpretation.

2. Providers should meet with the interpreter prior to the encounter to briefly set the context for the clinic visit and the topics to be discussed. Interpreters should be invited to share any cultural insights that might affect the encounter.

Conducting a Medical Encounter with an Interpreter

1. Speak slowly and clearly and allow time for the interpreter to convey your message; avoid technical jargon.

2. Try not to interrupt the interpretation process; allow the interpreter enough time to fully interpret.

3. Providers should position themselves so that they maintain eye contact with and speak directly to the patient, not the interpreter.

4. Frequently verify that your patient/client fully understands what is being interpreted. Ask your patient/client to repeat back to you (through the interpreter) what they understood. If you are uncertain whether the patient/client has understood, request that the interpreter rephrase or repeat your question or instruction.

After a Medical Encounter

1. Take a moment to assess the overall appointment. Take notes of what you feel worked or was helpful, as well as suggestions for the interpreter and/or your own clinic that would facilitate interpretation in the future.

2. Record the name of the interpreter and interpretation service provider in the patient's medical record for future reference. If you feel the interpretation experience was ineffective or problematic, be sure to document the reasons why so you can provide feedback to the interpretation service provider.

Tips for Providers

1. One common seating arrangement is to position the interpreter next to, or a bit behind the patient/client, encouraging direct patient-provider conversation. Another is to form a triangular arrangement that allows the provider, the interpreter and the patient/client to face each other.

2. If you feel that the interpreter has not interpreted everything completely, request that the interpreter repeat or re-emphasize your question or statement.

3. If the interpreter and the patient/client engage in a dialogue that is not fully interpreted for you, it is appropriate to request that the interpreter communicate everything that is said.

4. Drawing simple diagrams or using visual aids such as posters or anatomical models can be helpful to both the interpreter and your patient/client when explaining medical topics or terminology.

5. Provide signage in reception areas and exam rooms to inform patients of the availability of interpretation services. Remember that limited English proficient patients/clients may also be unable to read or write their native language.

6. Reception/frontline staff should be well prepared to access medical interpretation services at any time. Contact information for your clinic's preferred interpretation service providers should be posted in a conspicuous area at the reception desk, providers' workstations, and clinic exam/consultation rooms.

7. Be flexible and prepared for potentially awkward situations. Occasional mishaps, miscommunications, and misinterpretations will occur so it is crucial to constantly verify that your patient/client comprehends what you are saying.

Scenarios

1. The test results of a Mandarin-speaking patient who was tested for an STI have come back positive. The health care provider is double-booked and does not have time to wait for an interpreter to come to the clinic. One of the clinic's janitors speaks Mandarin, so the provider decides to ask the janitor to interpret the test results.
- *Why is it inappropriate for the janitor to act as a medical interpreter?*
- *What is an alternate, time-efficient option for interpretation?*

Asking the janitor to interpret confidential test results would be a violation of patient privacy since the janitor is not involved in the direct care of the patient. Native-level proficiency in a language does not automatically qualify someone as a medical interpreter, and there may be serious medical liability and HIPAA violations involved. It may be possible for the provider to access a professional telephone interpreter rather than make an appointment with an interpreter to travel to the clinic.

2. During the course of an annual preventive check-up, the interpreter and the patient are observed to engage in friendly "side conversations" and jokes in their native language that do not seem to be relevant to the questions or statements that the provider is posing.
- *Why is it important for the interpreter to interpret everything that the patient says?*
- *How can the provider address this situation?*

Medical interpreters should have a friendly demeanor and rapport with patients and providers, but interpreters should always maintain professionalism on the job. The interpreter's job is to clearly interpret everything that is spoken by the patient and provider; the interpreter should never attempt to filter, overemphasize, or de-emphasize anything that is said between the patient and provider. A seemingly simple omission or misstatement can potentially result in serious repercussions. The provider has the right to request that the interpreter limit all supplementary questions or conversations to the medical exam at hand, and request that the interpreter be thorough and complete in interpreting everything that the patient says.

3. A program administrator is seeking to fill a few positions for on-site medical interpreters.
- *What kinds of qualifications and experience should an ideal candidate possess?*
- *How can the administrator verify a candidate's proficiency in medical interpreting?*

The profile of a well-qualified medical interpreter should include formal training and certification through a reputable program such as Bridging the Gap. Real-world experience interpreting in medical settings should be verified through professional references who can vouch for a candidate's proficiency and effectiveness. A candidate may also be asked to "talk through" or actually demonstrate how they would conduct a medical interpretation in a clinic setting; an administrator can refer to this toolkit to assess whether or not a candidate is aware of and aligns with current best practices, standards of interpretation, and the NCIHC code of professional ethics.

References

American Medical Association (2007). Office guide to communicating with limited English proficient patients, 2nd edition. AMA Division of Medicine and Public Health.

Health Industry Collaboration Effort (2000). Better communication, better care: Provider tools to care for diverse populations.

National Council on Interpreting in Health Care (2004). A national code of ethics for interpreters in health care.

National Health Law Program (2004). Interpreter services in health care settings for people with limited English proficiency. The Access Project, The Commonwealth Fund.

Office of Health Disparities (2013). Translation Manual. Utah Department of Health. http://www.health.utah.gov/disparities/language/TranslationManual.pdf

US Department of Health and Human Services, Office of Minority Health (2013). Health care language services implementation guide. https://hclsig.thinkculturalhealth.hhs.gov

Useful Links

Qualified Interpreting for Quality Health Care – Part One

https://www.youtube.com/watch?v=4VkInyBqKeo

Qualified Interpreting for Quality Health Care – Part Two

https://www.youtube.com/watch?v=IMhIGTLFIb0

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Code of Ethics for Interpreters in Health Care

National Council on Interpreting in Health Care 2004

- The interpreter treats as confidential, within the treating team, all information learned in the performance of their professional duties, while observing relevant requirements regarding disclosure.
- The interpreter strives to render the message accurately, conveying the content and spirit of the original message, taking into consideration its cultural context.
- The interpreter strives to maintain impartiality and refrains from counseling, advising or projecting personal biases or beliefs.
- The interpreter maintains the boundaries of the professional role, refraining from personal involvement.
- The interpreter continuously strives to develop awareness of his/her own and other (including biomedical) cultures encountered in the performance of their professional duties.
- The interpreter treats all parties with respect.
- When the patient's health, well-being, or dignity is at risk, the interpreter may be justified in acting as an advocate. Advocacy is understood as an action taken on behalf of an individual that goes beyond facilitating communication, with the intention of supporting good health outcomes. Advocacy must only be undertaken after careful and thoughtful analysis of the situation and if other less intrusive actions have not resolved the problem.
- The interpreter strives to continually further his/her knowledge and skills.
- The interpreter must at all times act in a professional and ethical manner.