Working with Medical Interpreters

The need for clarity and understanding is paramount in any setting where people seek services. But in a hospital or clinic, life-and-death-decisions hinge on immediate, accurate communication. The consequences of poor communication can be devastating. Inaccurate history-taking, unnecessary testing, and misdiagnosis are just a few of the risks.

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Federal law recognizes these potential risks to healthcare consumers by mandating "linguistic accessibility to healthcare" under Title VI of the Civil Rights Act. Minnesota law also requires public healthcare institutions to provide services to people with limited English proficiency.

In addition, healthcare accreditation systems have adopted standards that underscore the need for language access. The Joint Commission on Accreditation of Healthcare Organizations requires hospitals to "have a way of providing for effective communication for each patient served," while the National Committee for Quality Assurance, which accredits managed care organizations, has stipulated that the provision of medical interpreters is essential to overcome the communication gap between providers and non-English-speaking patients.

Contact your patient's health plan to find out how to access an interpreter. If possible, match your patient and interpreter by gender and age.

Guidelines for Using Medical Interpreters

The following recommendations are provided by Bruce T. Downing, Associate Professor of Linguistics and Director of the Program in Translation and Interpreting at the University of Minnesota.

Use qualified interpreters to interpret.

The most basic requirement is that you have access to an experienced and qualified interpreter who can truly aid communication rather than getting in the way or distorting the messages that you and the patient want to communicate. Being bilingual in English and the patient's language is only a prerequisite for being able to interpret (just as speaking English is only a prerequisite for teaching it; being a native speaker doesn't make you a language teacher). A qualified, professional interpreter has the special skills needed to fully understand anything another person wants to say and to make that person's message clear to another person in a different language. In addition, like any professional, a qualified interpreter knows his/her role, limitations, and responsibilities as an interpreter for others.

Do not depend on children or other relatives and friends to interpret.

Do not call upon staff members or others unskilled in interpreting unless more qualified professionals are not available. If bilingual staff with other responsibilities do the interpreting, they must not try to do two things at once, e.g., interpreting and counseling.

Have a brief pre-interview meeting with the interpreter.

Plan to meet with the interpreter for a couple of minutes before the interview to explain the situation and any background needed for understanding what you plan to talk about. Agree with the interpreter in advance on such things as how the interview will start and where the interpreter should sit.

Establish a good working relationship with the interpreter.

If possible, try to work with the same interpreter over time so that you can establish a comfortable working relationship. Although your roles are quite different, you need to be able to work together as a team.

Plan to allow enough time for the interpreted session.
Schedule enough time for the interview, remembering that an interpreted conversation requires every statement or question to be uttered twice.

Address yourself to the interviewee, not to the interpreter.
Speak directly to the patient, not to the interpreter, addressing the patient rather than the interpreter as "you." Your eye contact should be with the patient, not with the interpreter — because it is the patient you are talking to, not the interpreter.

Don't say anything that you don't want the other party to hear.
Expect everything you say to be translated, as well as everything the patient says. But remember that what can be said in a few words in one language may require a lengthy paraphrase in another.

Use words, not just gestures, to convey your meaning.

Use words as much as possible to express your meaning, not gestures. The words are easier for the interpreter to deal with. Keep in mind that the patient won't be hearing your words at the same time as your gestures.

Speak in a normal voice, clearly, and not too fast.

Speak in your normal voice, not louder or slower (unless the interpreter asks you to slow down). Sometimes it is easier for the interpreter to interpret speech produced at normal speed, with normal rhythms, than artificially slow speech.

Avoid jargon and technical terms.

Avoid idioms, technical words, or cultural references that the interpreter either might not understand or might have difficulty translating. (Some concepts may be easy for the interpreter to understand but extremely difficult to translate.)

Keep your utterances short, pausing to permit the interpretation.

For consecutive interpreting, you should speak for a short time (one longer sentence or three or four short ones) and then stop in a natural place to let the interpreter pass your message along. Be aware of the length or complexity of your speech so you will not overly tax the interpreter's memory. Short simple sentences are obviously easier. Do not pause for interpretation in the middle of a sentence, since the interpreter may need to hear the whole sentence before s/he can even start to interpret it.

Ask only one question at a time.

If you chain questions together, you may not be able to match questions with answers.

Expect the interpreter to interrupt when necessary for clarification.

Be prepared to have the interpreter interrupt when necessary to ask you to slow down, to repeat something s/he didn't quite get, to explain a word or concept s/he might not be familiar with, or to add an explanation for something the patient may not be able to understand without some background information.

Expect the interpreter to take notes if things get complicated.
Do not be surprised if the interpreter takes notes to facilitate recall. This is an aid to memory, not an interruption.

Be prepared to repeat yourself in different words if your message is not understood.
If mistranslation is suspected (for example, if the response does not seem to fit with what you said), go back and repeat what you said in different words.

Have a brief post-interview meeting with the interpreter.
Meet with the interpreter again after the interview to assess how things went, to see if the interpreter is satisfied, or to address questions or comments about the process of communication.

Trouble Shooting Tips

If your interpreter has a limited command of English or limited interpreting skills, you may need to do some of the following:

- Make sure the interpreter understands his/her role before you begin. Urge him/her to speak directly to you and the other party, using the first person pronoun to refer to the speaker. Instruct him/her not to add or delete anything, and especially not to add his/her own comments about what is said, or to offer advice, suggest questions, or answer your questions to the patient, etc.
- Use the simplest vocabulary that will express your meaning.
- Speak in short and simple sentences.
- Check to see if the message is understood. For important messages, such as instructions, directions, etc., ask the interpreter to repeat the message back to you in English, so you can make sure s/he's got it. Encourage him/her to ask for clarification of anything s/he doesn't fully understand, before s/he attempts to interpret your message to the patient. You can also ask the patient to confirm his/her understanding of what you said if this will not unduly embarrass him or her.

Linguistic and Cultural Differences

When interpreting is used, you will be communicating through the interpreter but to the patient. Dealing with cultural differences and the personality of the patient is primarily your job, not the interpreter's. Here are some things to keep in mind with regard to the linguistic and cultural differences between you and the patient.

Example 1:

There may be less eye contact on the part of the patient than you would normally expect, and the eye contact may be with the interpreter rather than with you.

Example 2:

A smile or nod on the part of the patient may not mean what it would mean if done by you or someone from your culture.

Remember:

- If the patient comes from a different culture, then so do you.
- If the patient has trouble grasping your way of thinking and the concepts and metaphors involved, you are probably having the same trouble dealing with the patient's way of thinking and the abstractions and metaphors of another culture.
- If the patient has language problems when talking to you, then you have language problems, too. Probably the patient knows more of your language than you do of his/hers.
- The interpreter is not there (just) to interpret for the patient or to interpret the patient's language. The interpreter is there to interpret for two clients who don't know each other's languages, you and the patient. The interpreter is there to facilitate communication between the two of you. The interpreter is there to render each speaker's utterances in the other person's language, in such a way that the meaning of each utterance can be understood.