

Effectively Working With a Trained Interpreter in Your Practice

In our last newsletter, we described the literature on health care for children with a parent who has limited English proficiency (LEP). Using untrained family members, volunteers or staff can result in poor clinical outcomes. The most cost-efficient method to address this problem is to have bilingual staff, who are trained in medical Spanish and who use the methods used by professional interpreters. CCHAP now offers this type of training (see announcement in this newsletter). This newsletter describes how providers can most effectively work with trained interpreters in practice.

Clinicians working effectively with interpreters

1. Permission and confidentiality

Be sure to ask for permission from the patient/family to use the interpreter you have selected and, when feasible, inquire about whether there may be things they would not want to discuss in front of this person. If in doubt, trust your instincts and choose to use a phone language line for sensitive issues.

2. Pre-interview

Prior to entering the exam room, briefly discuss with interpreter: the general reason for the visit, known issues, and the goals for the encounter without breaking confidentiality.

3. Role of the interpreter

In the pre-interview, discuss with the interpreter the roles you want her/him to take. Do you want the interpreter to simply interpret the words or do you want the interpreter to assist in better understanding barriers or needs of a cultural nature.

4. Starting

Ask the interpreter how to say an appropriate, professional greeting in the family's native language and use the greeting to begin the visit. Most of us feel awkward about talking through an interpreter. Feel free to say so and encourage the parent to let you know if it is not working well for any reason.

5. Etiquette

When possible, try to arrange for you to face the patient, with the interpreter on the side. Ask the interpreter about the family's cultural preferences regarding eye contact, closeness of sitting proximity, touching, etc. Talk directly to the patient and parent, in the first person, as you would normally do.

6. The Dialogue

Try to use single questions and short phrasing. Attend to the interpreters need to interpret what you are saying, and break long statements and questions down to shorter segments. Periodically check whether the parent/patient understands by asking them to repeat their understanding. If you wonder about the meaning or length of response, ask the patient and interpreter to clarify. Be patient, some phrases in English may require longer sentences in other languages to have the same meaning.

7. The Story

In many cultures, there is a tradition of "telling the whole story." So, the parent may talk for several minutes and the translator may give you a much shorter interpretation. But, it may well be that the parent will want you to know the whole story and the degree to

which you hear the whole story may influence their level of trust and compliance later. So, spend them time up-front. Ask the translator to tell you the story, show interest.

8. Barriers

Be sure to ask the interpreter to explore whether there are barriers that might interfere with treatment: monetary, transportation, attitudes, concerns, beliefs or other cultural barriers, as you would with any patient.

9. Adequate understanding

In this setting, there is obviously greater chance that the parent will not have a complete understanding. Allow ample time for questions and specifically ask whether they have gotten all of their questions answered. It is particularly encouraging if you learn the word for “question” in the parent’s language.

10. Debriefing

Before leaving the room, ask the patient/parent to provide feedback through the translator. Also ask the interpreter for any feedback the interpreter has regarding potential barriers or concerns about the parent’s understanding or ability/willingness to follow through.

Using Casual Interpreters (family members or volunteers)

In some instances, you may not have a formal interpreter available or telephonic voice interpreting. In that case, you may have to use a “casual” or an “ad-hoc” interpreter. This might include a co-worker, a family member or community volunteer, but **never a child.** Some states, like California, are already working on legislation to prohibit using a child as an interpreter.

Be aware that when using ad-hoc interpreters, there is a higher risk for errors than when using trained interpreters. But there are times when it cannot be avoided. You should be much more cautious and double check important issues. Remember that, when using family or a friend, confidentiality may become an issue and/or embarrassment. If you sense this may be an issue, get a trained translator or use a phone language line.

In some families, the child may be expected to “take care of” the parent who does not speak English well. So, be sure to reassure the family that it is not anything against them personally, but that medical, as well as Federal, guidelines require an older person to translate.

Acknowledge the importance of the perspective of the ad hoc interpreter (family member or friend) and talk with him/her enough to understand that perspective. And then emphasize the importance of getting information as directly and precisely as possible from the patient.

Trust your senses: if the responses seem inadequately translated, or the history is confusing, insist on getting a trained interpreter or use the AT+T translation line.

And, of course, in the context of domestic violence, spouses or partners should not be used as interpreters.