

OBJECTIVES

- Know and understand the difference between interpreting and translating.
- Be able to identify LEP patients and their need for interpreter
- Explore roles of interpreters in health care.
- Learn (At least) three ways to make to your interpretermediated sessions more *accurate* and helpful.

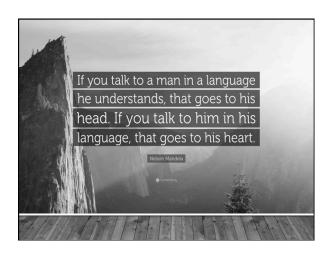
MOST SPOKEN LANGUAGES IN THE WORLD

- (UNESCO 2014)
- Mandarin
- English
- Spanish
- Hindi
- Arabic

Table 1.Top Ten Languages Other Than English Spoken in U.S. Homes, 2015

Rank	Languages Spoken at Home	Total	Bilingual Share (%)	LEP Share (%)
	Total	64,716,000	60.0	40.0
1	Spanish or Spanish Creole	40,046,000	59.0	41.0
2	Chinese	3,334,000	44.3	55.7
3	Tagalog	1,737,000	67.6	32.4
4	Vietnamese	1,468,000	41.1	58.9
5	French	1,266,000	79.9	20.1
6	Arabic	1,157,000	62.8	37.2
7	Korean	1,109,000	46.8	53.2
8	German	933,000	85.1	14.9
9	Russian	905,000	56.0	44.0
10	French Creole	863,000	58.8	41.2

https://www.migrationpolicy.org/article/language-diversity-and-english-proficiency-united-states



LIMITED ENGLISH PROFICIENCY

- Limited English Proficiency (LEP): def"...the limited ability or inability to speak, read, write or understand the English language at a level that permits the person to interact effectively with healthcare providers or social service agencies."
- ullet >25 million people in the USA are LEP
- Data collection on patients' primary language and English proficiency is not required in any federal statute nor is it prohibited. Many facilities it is inadequate.

LANGUAGE BARRIERS

- In 1998 the Office for Civil Rights of the Department of Health and Human Services Under Title VI of the Civil Rights Act of 1964 issued a memorandum.
- Prohibits discrimination on the basis of national origin (including language)
- The denial or delay of medical care because of language barriers constitutes discrimination and requires that recipients of Medicaid or Medicare funds provide adequate language assistance to LEP patients.

KAISER NON-DISCRIMINATION DISCLAIMER

- Language Access Services
- English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-888-901-4636 (TTY: 1-800-833-6388 or 711).
- Español (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingúística. Llame al 1-888-901-4636 (TTY:1-800-833-6388 / 711).
- 中文 (Chinese): 注意: 如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 I-888-901-4636 (TTY: 1-800-833-6388 / 711)。
- Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-901-4636 (TTY: 1-800-833-6388 / 711).
- 한국어 (Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. I-888-90I-4636 (TTY: 1-800-833-6388 / 711) 번으로 전화해 주십시오.
- Русский (Russian) ВНИМАНИЕ: Если выговорите на русском языке, то вам доступны бесплатные услуги перевода. Зво инте 1-888-901-4526 (телетай п: 1800-331-4586 /711).
- Filipino (Tagalog) PAUNAWA: Kung nagsasalita kang Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

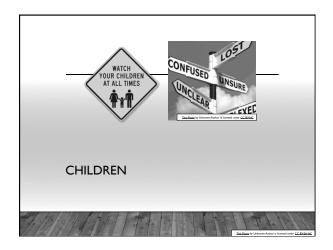
¿HABLA USTED INGLES?

- Limited English Proficiency (LEP): def"...the limited ability
 or inability to speak, read, write or understand the English
 language at a level that permits the person to interact
 effectively with healthcare providers or social service
 agencies."
- Patients may be conversant in English but still need interpreter.
- Patient's understanding may vary AND THAT'S OK!
 - Day to day, provider to provider
- · How will you know?

	Decreased likelihood of f/u	OUTCOMES
•	Misunderstandings	FOR
	Issues with informed consent	PATIENTS
•	Inadequate comprehension of diagnoses and treatment	
•	Dissatisfaction with care	
•	Preventable morbidity and mortality	
•	Disparities in prescriptions, tests and diagnostic evaluations	
•	Increase in adverse events	
	Decreased participation in care	

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•	Decreased ability to elicit	-
OUTCOMES	symptoms	
FOR —		
PROVIDER •	Diagnostic errors	
•	Results in more tests	
•	More invasive procedures	
	Inappropriate or unnecessary	
	treatment	
•	Decreased satisfaction	
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WHAT KIND C	OF INTERPRETER?	
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Ad hoc interpreters		
Family or Friends Ritingual annularing "Di	ll#:"	
Bilingual employees- "Di		
Do it yourself or no int	erpreter	
Bilingual Practitioner		
Trained interpreter		
		\neg
FAMILY AND FF	RIENDS	
.,		
• Pros:	• Cons:	
Patient may feel more comfortable	 Not trained in medical terminology or field 	
Understand culture, languag		
personal values	Embarrassment about intimate	
Convenient	or sexual issues, may substitute euphemisms	
• Free	Unsolicited advice	
	Mixed Motives or Personal	
	Agendas	
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IS 3 (OR 4 OR 5) A CROWD?

- If patient prefers to have friend or family present, interpreter can still be part of that dynamic.
- May be more than one provider as well
- Avoid cross talk
- All verbal communication should be fair game to interpreter: think monolingual conversation

BILINGUAL STAFF

- Pros: Convenient
- Cons: Not impartial, not trained.
- Qualified bilingual/multilingual staff are:

 - Designated as part of their assigned job responsibilities to assist
 Has proven proficient in speaking and understanding English and the target language including specialized vocabulary, terminology and phraseology
 - Can effectively, accurately and impartially communicate directly with LEP individuals in their primary language
- Jacobs et al 2018

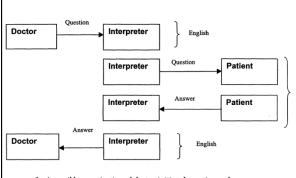
	CONSECUTIVE IN	TERPRETATION
	CONSECUTIVE	TEIG REI/ (TIOTA
	PROS	
		CONS
	 One person speaks at a time 	■ Takes a bit
	 Interpreter has time to process and clarify 	longer
	Listener has time to process	
	Better comprehensionUse: office visits, telephone	
	calls,	
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1/	191911111111111111111111111111111111111	1 4 5 1 1 4 5 1
	SIMULTANEOUS IN	NTERPRETATION
	5 10217 tt 12005 tt	
	PROS	CONS
	Little or no interaction	Exhausting
	Instantaneous	Difficult
	 Uses: during a class or tour, family listening to pt or 	No chance to check for
	practitioner (English	meaning or confirm understanding
	convo), an emergency or verbal tirade	understanding
130/1	115 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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	SIGHT TRANSLAT	ON
	SIGHT IKANSLAT	ON
	• Interpreter translates written	nformation
	Should be short, brief	a that have ALDEADY DEEN
	 Can re-read written instruction REVIEWED by practitioner wi 	
	Do not give interpreter the fo	
	Consents, patient education de	ocumentation, in-depth clinical
	instructions	
	 Interpreter to interpret for pa 	tient or practitioner

ASSESSING INTERPRETERS

- Time
- Cost
- Satisfaction (both sides)
- Participation: questions, follow up, re-hospitalization
- Interviews
- Errors / Accuracy

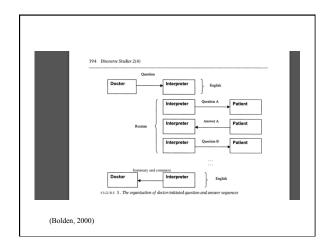
ROLES OF INTERPRETER: CONDUIT VS PARTICIPANT

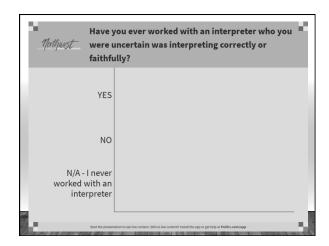
- Interpreter: a bilingual person with knowledge of healthcare settings, terminology and professional code of conduct.
- Conduit: interpreter as a "perfect echo of the primary interlocutor", one-way transmission,
- Medical Voice vs Real World Voice
- $\bullet\,$ Conversational participant: gate keeper, broker, interactive.
- Epistemic broker: "interactional steps taken by interpreters to ensure that linguistically discordant doctors and patients are socially aligned at each step in the ongoing medical visit by facilitating the establishment of common ground" (Raymond, 2014)



 ${\tt FIGURE} \ \ 2.\ A\ possible\ organization\ of\ doctor-initiated\ question\ and\ answer\ sequences$

(Bolden, 2000)





ASSESSING INTERPRETERS

A study by the American College of Emergency Physicians in 2012 analyzed interpreter errors that had clinical consequences, and found that the error rate was significantly lower for professional interpreters than for ad hoc interpreters — 12 percent as opposed to 22 percent. And for professionals with more than 100 hours of training, errors dropped to 2 percent.

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Interpreter: "Three." Glenn Flores et al. Pediatrics 2003;111:6-14		
Glenn Flores et al. Pediatrics 2003;111:6-14		
	PEDIATRICS	

ad hoc interpreter during a sick visit to a pediatrician by a 9-month-old child for fever, vomiting, and a rash (case 19).

medicina, por eso va a cambiarla. Y ahora ella therefore she's going to change it. And now

"Probably, it's from the medicine, and she can start to take another medicine, for two

Pediatrician: "Ten days on the new medicine. Don't give the old medicine anymore. Plenty to

Interpreter: "Okay. Dice que no toma la medicina, la otra medicina, y ... es importante medicine, the other medicine, and ... it's que ella bebe bastante , y ¿tiene Tylenol?"



ad hoc interpreter during a sick visit to a pediatrician by a 9-month-old child for fever, vomiting, and a rash (case 19).

Pediatrician: "So probably this rash is from the Augmentin."



"Probably, it's from the medicine, and she can start to take another medicine, for two days. What else did you want me to tell der?"

Pediatrician: "Ten days on the new medicine. Don't give the old medicine anymore. Plenty to

Interpreter: "Olay. Dice que no toma la
medicina, la otra medicina, y ... es importante
que ella bebe bastonte , y toma Estembri.

important that she drink enough, and, do you have Tylenol?"

Glenn Flores et al. Pediatrics 2003;111:6-14

PEDIATRICS[®]

Tabi Exce	le 1 erpt (1).		
1	MOM:		Y:: entonce- (.) para darle yo los macarrones as \underline{i} , A::nd so- (.) for me to give her macaroni like that,
2			Con menos pro- (.) Qué es lo que no le tengo que poner.= With less pro- (.) What is it that I shouldn't put in.= $\frac{1}{2}$
3			=El <u>que</u> so:? (0.3) o::: °qué.°= =The <u>chee</u> :se? (0.3) or::: °what.°=
4 5 6 7	INT:		=U::h If she wants to giveuh er macaroni an cheese,= =and doesn't want (.) as much protein, What does she- m:like leave out. The chees::e? (0.7)
8	DIET:		tch If you wanna <u>gi</u> ve er macaroni an cheese?
10	INT:		(Yes)
11			[Yeah
12			[Is'at what you mean?=
	MOM:		=Yes °yeh.°
14 15	DIET:		.h Then you'd have to u::s:e (.)
16		_ \	Either jus give a very small amount or: u- u:m: Use the low protein (.)
17		->	
18		-	(.)
19			And so it doesn't have that much.
20			(0.2)
21			In it.

22 INT:	->	Hacen: macarone: especial con menos queso, <o <or="" cheese,="" cheese<="" con="" less="" macaroni:="" marke="" queso="" special="" th="" they="" with=""></o>
23	->	que no tiene tanta proteína,= that doesn't have as much protein,=
24	->	=También hacen otro tipo de mac[arone con queso, =They also make another type of macaroni with cheese,
25 MOM:	->	[Ah.
6 INT:	->	que tiene menos proteína. that has <u>less</u> protein.
7 MOM:	->	<u>S:í</u> Ye:ah

WHY DO INTERPRETERS DEVIATE FROM CONDUIT ROLE?

May not know

ad hoc interpreters

Resolve or prevent a communication problem

Four sources of conflict (Hsieh, 2006)

others' communicative practices

changes in participant dynamics

institutional constraints

unrealistic expectations

WHAT DO INTERPRETERS SAY?

 "There was one situation that the doctor could have explained things a Little bit better and they just chose not to. [...] The patient went home so confused. And I said to myself, "This is not my place. I cannot do this [i.e., advocate for the patient]." I could have resolved it. I was in such turmoil because I didn't know what to do." (Hsieh, 2006)

[The patients] were Jehovah's Witnesses, and I know	
for instance, that they are not allowed to get blood	
transfusion. [However, the doctor said,] "When the time comes, if the patient will die if he does not	
receive the transfusion, we are not going to allow it	
and we are going to do it anyway. But you tell them	
that's okay."	
	-
(Hsieh, 2006)	
	-
I remember [in] one situation, the intern insisted on	
telling the patient that he has cancer. And I said, "Well, this is really not the way it's done there.	
Because he would collapse by talking about it. He	
would just die in front of your eyes and his relatives	
would be suing you." The doctor said, "No, this is how it's done here. We think that the patient has a	
right to know." Yeah, I don't know the answer to	
that question. The patient has a right here to know.	
But in that case, the patient maybe doesn't want to know this. Who is right here?	
know this. Who is right here:	
(Hsieh, 2006)	
The secrecy of not exposing what they have. []	
I have to let the patients know that they are here to	
be treated, "TELL THEM, what's wrong with you.	
How you are going to get help." [] They are not	
used to revealing what's wrong with them.	
(Hsieh, 2006)	

You cannot remain in the same room with the patient alone. [...but any interpreter will tell you that after the initial check-up, the nurses] just leave you alone in the [exam] room! Where else can you go? I tried. I tried to not to stay in the same room, and then, I stepped out of the room and stayed in the hallway, and the nurse would tell me, "Don't stay in the hallway, you are not allowed here. Stay in the room!" I said, "Can I sit out in the waiting area?" They said, "NO! You have wait with the patient. The doctor is coming." I think this is not possible, you know, in all situations.

(Hsieh, 2006)

YOUR INTERPRETER AS A RESOURCE

- Introduce self and tell them what your preference is for interpreting
- Encourage them to ask questions
- Ask about the rate or clarity of speech
- Any cultural or religious issues that may cause a conflict between western medicine practices and patient's wishes



IMPROVING INTERPRETERMEDIATED SESSIONS

- Behave as if it were a monolingual consult
- Avoid metaphor and metonymy
- Use short, specific and direct statements
- Leave room for questions, clarification
- Ask open-ended questions
- Keep open, neutral communication with interpreter
- Do not leave interpreter alone with patient and don't be alone with interpreter
- Avoid monolingual conversations in front of interpreter that you don't want interpreted
- Be sensitive to changes in dynamic (i.e multiple participants, languages skills etc)



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