LANGUAGE ISSUES IN DIALYSIS

HOW NOT TO GET TONGUE-TIED

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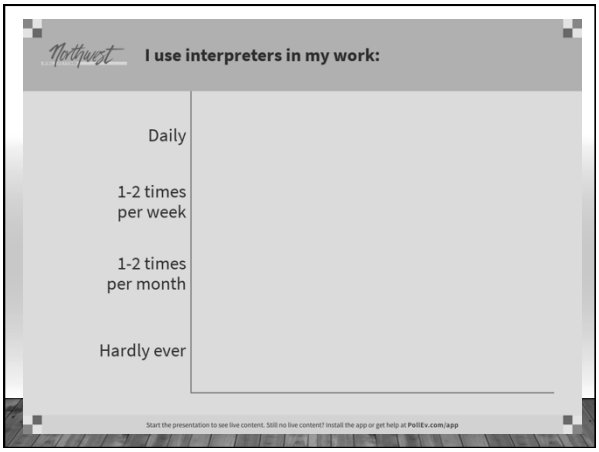
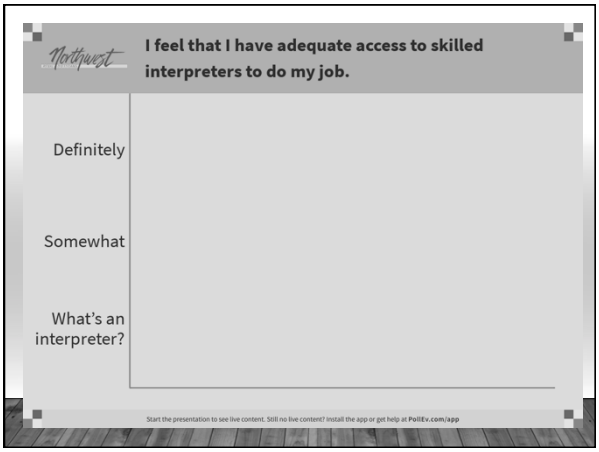




OBJECTIVES

- 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 interpreter-mediated sessions more *accurate* and helpful.

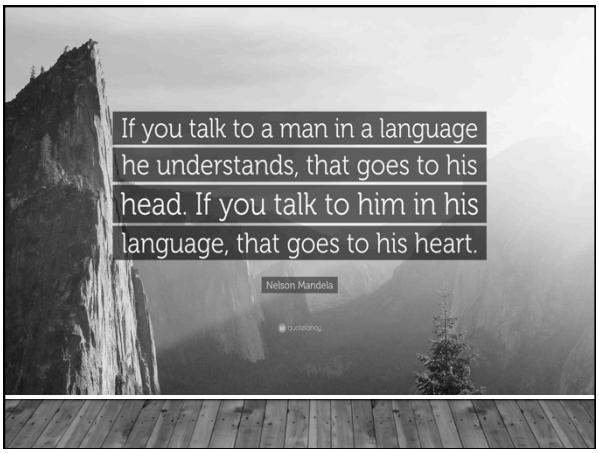
MOST SPOKEN LANGUAGES IN THE WORLD

- (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."
- >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 lingüística. 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 1-888-901-4636 (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).
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- 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).
- Українська (Ukrainian): УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безоплатної служби мовної підтримки. Телефонуйте за номером 1-888-901-4636 (телетайп: 1-800-833-6388 / 711).
- 日本語(Japanese): 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。

¿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?

OUTCOMES FOR PATIENTS

- **Decreased likelihood of f/u**
- **Misunderstandings**
- **Issues with informed consent**
- **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**

OUTCOMES FOR PROVIDER

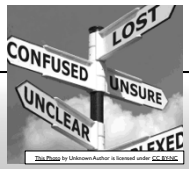
- Decreased ability to elicit symptoms
- Diagnostic errors
- Results in more tests
- More invasive procedures
- Inappropriate or unnecessary treatment
- Decreased satisfaction

WHAT KIND OF INTERPRETER?

- Ad hoc interpreters
  - Family or Friends
  - Bilingual employees- "Dual-role staff interpreters"
- Do it yourself or no interpreter
- Bilingual Practitioner
- Trained interpreter

FAMILY AND FRIENDS

- Pros:
  - Patient may feel more comfortable
  - Understand culture, language & personal values
  - Convenient
  - Free
- Cons:
  - Not trained in medical terminology or field
  - No HIPAA training
  - Embarrassment about intimate or sexual issues, may substitute euphemisms
  - Unsolicited advice
  - Mixed Motives or Personal Agendas



CHILDREN

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 INTERPRETATION

PROS

- One person speaks at a time
- Interpreter has time to process and clarify
- Listener has time to process
- Better comprehension
- Use: office visits, telephone calls,

CONS

- Takes a bit longer

SIMULTANEOUS INTERPRETATION

PROS

- Little or no interaction
- Instantaneous
- Uses: during a class or tour, family listening to pt or practitioner (English convo), an emergency or verbal tirade

CONS

- Exhausting
- Difficult
- No chance to check for meaning or confirm understanding

SIGHT TRANSLATION

- Interpreter translates written information
- Should be short, brief
- Can *re-read* written instructions that have ALREADY BEEN REVIEWED by practitioner with interpreter.
- Do not give interpreter the form to review with LEP patient.
- Consents, patient education documentation, in-depth clinical instructions
- Interpreter to interpret for patient 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
- 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)

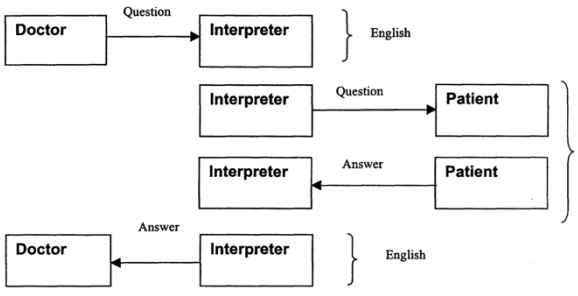
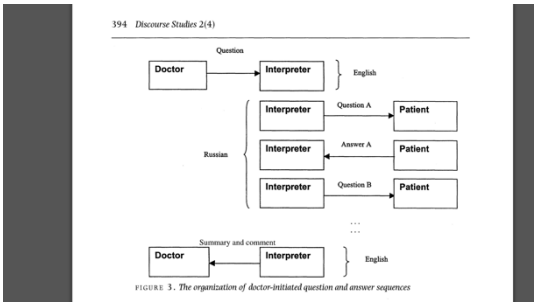


FIGURE 2. *A possible organization of doctor-initiated question and answer sequences*

(Bolden, 2000)



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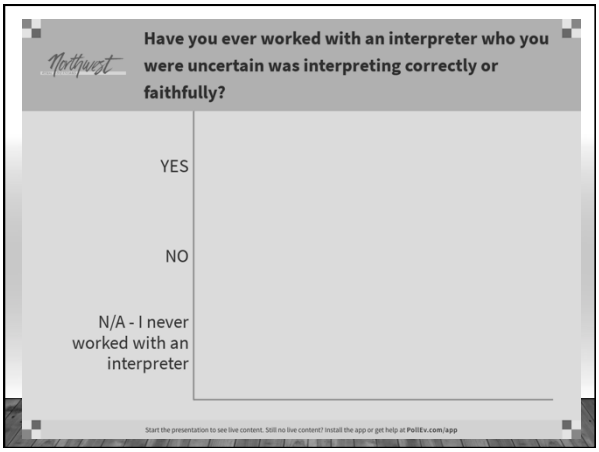

ASSESSING INTERPRETERS

- 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.

"ERRORS"

- Addition
- Omission
- How do these impact communication?

Pediatrician: "So [he vomited] five times between 1:00 and 3:00? And after that he hasn't thrown up?

Interpreter: *"Que si desde eso él no ha vomitado?"*	"That if since that [time] he has not vomited?"
Mother: *"No. Ahora tiene como dolor de oido y eso."*	"No. Now he has like pain in the ear and so on."
Interpreter: "Yes, he havin' pain"	
Mother: *"Dile que él tiene algo en la boca. Dile."*	"Tell her [the pediatrician] that he has something on his mouth. Tell her."

[SILENCE]

Pediatrician: "How old is he now?"

Interpreter: "Three."

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

PEDIATRICS

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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).

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

Interpreter: *"Probablemente, es de la medicina, por eso va a cambiarla. Y ahora ella puede comenzar a tomar otra medicina, por dos días.* What else did you want me to tell her?"	"Probably, it's from the medicine, and therefore she's going to change it. And now she can start to take another medicine, for two days. What else did you want me to tell her?"

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

Interpreter: *"Okay. Dice que no toma la medicina, la otra medicina, y … es importante que ella bebe bastante , y ¿tiene Tylenol?"*	"Okay. She says that she isn't taking the medicine, the other medicine, and … it's important that she drink enough, and, do you have Tylenol?"

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PEDIATRICS

Table 1
Excerpt (1).

```
1   MOM:        Y:: entonce- (.) para darle yo los macarrones así,
                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.=

3               =El queso:? (0.3) o::: °qué.°=
                =The chee:se? (0.3) or::: °what.°=

4   INT:        =U::h If she wants to giveuh er macaroni an cheese,=
5               =and doesn't want (.) as much protein,
6               What does she- m:like leave out. The chees::e?
7               (0.7)
8   DIET:       tch If you wanna give er macaroni an cheese?
9               (.)
10  INT:        [(Yes)
11  MOM:        [Yeah
12  DIET:       [Is'at what you mean?=
13  MOM:        =Yes °yeh.°
14  DIET:       .h Then you'd have to u::s:e (.)
15              Either jus give a very small amount or: u- u:m:
16          ->  Use the low protein (.)
17          ->  macaroni er the low protein cheese,
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 con queso
They ma:ke special macaroni: *with less cheese,<or with cheese*

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.

26 INT: -> que tiene menos proteína.
that has less protein.

27 MOM: -> S:í . . .
Ye:ah . . .

C.W Raymond / Patient Education and Counseling 97 (2014) 38-46.

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?

(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 INTERPRETER-MEDIATED 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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