

WHY USE AN INTERPRETER?

Adapted from Mutha S, Allen C, Welch M, Toward Culturally Competent Care: A Toolbox for Teaching Communication Strategies. San Francisco, CA: Center for the Health Professions, University of California, San Francisco, 2002.

- Improve quality of care
- Better health outcomes
- Legal ramifications
- Health care costs

HOW INTERPRETERS COULD REDUCE DISPARITIES

Adapted from Brach, 2000.

Interpreter Services

- Improved patient education reduces risk-producing behavior and exposure to risk
- Patients, knowing they will be understood, increase health-care seeking behavior
- Formation of trusting relationships increases likelihood that patient preferences coincide with best medical practices
- Increased knowledge of genetic background, risky behavior, and risk exposure leads to appropriate screening
- Increased information on medical history and symptoms improves accuracy of diagnosis
- Increased knowledge of home/folk remedies enables avoidance of complications due to drug interactions and reductions of harmful practices
- Greater understanding of treatment requirements and benefits and more culturally appropriate treatment regimens improve adherence
- Ability to communicate with English-only speakers expands patient choices of high-quality providers

Low incidence + Increased access, utilization and quality = Better health status, functioning and satisfaction

THE VARIOUS TYPES OF INTERPRETERS

	<i>Advantages</i>	<i>Disadvantages</i>
Untrained family member	<ul style="list-style-type: none">• understands familial context and dynamic, which may be relevant to the presenting problem• personal knowledge of patient may allow them to offer more information than patient volunteers• no direct cost involved	<ul style="list-style-type: none">• usually not familiar with medical terminology• may answer clinician's questions without first consulting patient• may give inaccurate or abbreviated translations• familial roles may interfere with how patient behaves and responds to questions• potential for "filtering" due to personal agendas
Untrained, unrelated individual (e.g. your bilingual receptionist)	<ul style="list-style-type: none">• not susceptible to "power struggles" or other conflicts that can arise with use of family members• often has more knowledge of medical terminology than untrained family member• no direct cost involved	<ul style="list-style-type: none">• no knowledge of familial context or dynamic• may give inaccurate or abbreviated translations
Professional interpreter	<ul style="list-style-type: none">• accurate translation of information• efficient use of time• knows to pose questions directly to patient• not susceptible to "power struggles" or other conflicts that can arise with use of family members	<ul style="list-style-type: none">• no knowledge of familial context or dynamic• can be expensive

WHAT MAKES AN EFFECTIVE INTERPRETER?

The ideal interpreter for health care possesses the following:

- **Proper interpretation training**
(e.g. completion of a program at an organization like the Society of Translators & Interpreters of British Columbia or Vancouver Community College)
- **Practical experience working as an interpreter**
- **Knowledge of medical concepts, terminology, procedures, etc.**

PROFESSIONAL INTERPRETER CERTIFICATIONS

The following lists several types of professional interpreters in terms of their training. The Society of Translators & Interpreters of British Columbia recommends that clinicians use interpreters of descriptions 1 and 2 whenever possible.

1. STIBC-certified court or conference interpreters OR graduates of VCC's court interpretation program PLUS some form of medical background/training OR graduation from VCC's pilot medical interpretation program (75 hours) run in 1995
2. STIBC-certified court or conference interpreters OR VCC court interpretation program graduates – no extra training
3. Graduates of VCC's medical interpretation program
4. Graduates of SFU's Basic or Advanced Interpreter Programs
5. Interpreters trained by SDISS

STIBC = Society for Translators & Interpreters of British Columbia

VCC = Vancouver Community College

SFU = Simon Fraser University

SDISS = Surrey Delta Immigrant Services Society

GUIDELINES FOR WORKING WITH INTERPRETERS

General:

- It is not the role of the interpreter to give advice, nor to act as advocate for either side.
- Retain responsibility for the tasks you normally perform- do not delegate those tasks to the interpreter.
- Do not assume that the interpreter has the same level of medical knowledge you do.
- Do not expect the interpreter to explain procedures or terminology on your behalf- he/she will only elaborate when you elaborate. Any inquiries, explanations or clarifications your patient/client requires must come from you, which will then be interpreted to your patient/client.
- The main purpose of the interpreted interview remains the exchange of information between health care professional and patient/client. Do not take advantage of the language barrier to make comments about patients/clients in their presence- a professional interpreter will interpret everything that is said.
- Interpreted appointments will be more time-consuming. Some concepts or terminologies may not have an equivalent in the patient's/client's language or culture. The interpreter may have to paraphrase; thus, the interpretation may seem slightly longer to you than your original remarks; however, if you feel the dialogue between your patient/client and the interpreter is going on longer than paraphrasing would require, ask the interpreter to explain what is being discussed.
- Remember that the ability to speak a language does not imply knowledge about the culture(s) in which that language is spoken. You should not look to the interpreter to provide you with cultural insights if there is something about your patient's/client's behavior you do not understand. Always ask the patient/client directly if you have questions regarding cultural influences on his/her behavior.

Before the interview:

- Meet with the interpreter for at least a few minutes before the interview.
- Brief the interpreter on what you wish to accomplish and what the interview will consist of.
- Ask the interpreter to interpret accurately all that is said and to ask for clarification immediately if they do not understand what you or the patient/client said- professional interpreters are well aware of this and will also provide you with guidelines of their own as to how to make the process run as smoothly as possible.
- Establish with the interpreter a mode to regulate the pace of the interview. The interpreter may use hand signals to request that you slow down, or to ask you or the patient/client to stop speaking.

GUIDELINES FOR WORKING WITH INTERPRETERS cont.

During the interview:

- Ensure you, the patient/client and the interpreter are introduced to each other.
- Explain to the patient/client that the interpreter will not infringe upon the confidentiality of the appointment. The patient/client must understand this or they may suppress information.
- Position yourself such that you and the patient/client are in the foreground- the interpreter should be in an unobtrusive position that minimizes interference with your interaction with the patient/client.
- Talk directly to and look directly at the patient/client at all times.
- Pose questions directly to the patient/client. e.g. say “What brings you here today?” not “Ask her what brings her here today.” Professional interpreters are trained to use the first person for both the patient/client and the professional and will interpret your words verbatim, so always speak to the patient, not the interpreter.
- Use shorter sentences to assist the interpreter in remembering everything that is said and giving a faithful interpretation, but use the same language you would use if speaking to an English-speaking patient/client– there is no need to oversimplify. Limited English-speaking ability does not equal limited intelligence.
- Avoid the use of technical terms/jargon, idioms, slang or double negative- just as you would with an English-speaking patient/client.
- Speak clearly and at a comfortable pace to allow precise interpretation.
- Encourage the interpreter to interpret everything the patient/client says. A professional interpreter will not screen what the patient says no matter how irrelevant, rude or out of context it appears.
- If the interpreter and patient/client get into a two-way conversation, stop the dialogue and ask for explanation of what is being said.
- If there is conversation between you and the interpreter (the interpreter may ask for an explanation of unfamiliar terms or clarification of your statement), encourage them to inform the patient of the nature of the exchange.

GUIDELINES FOR WORKING WITH INTERPRETERS cont.

After the interview:

- If time allows, discuss how the interview went from both your perspective and that of the interpreter, and identify ways of improving the encounter if there was anything that caused dissatisfaction for either of you.
- If for any reason you were not comfortable with the interpreter, or felt that the interpretation went badly, contact the agency where that interpreter is registered and speak to the administrator in charge.

When the interpreter, clinician and patient/client know their parameters, an interpreted appointment can be successfully concluded without undue delay or serious and frustrating miscommunication. Interpreter-assisted appointments will never be as satisfactory as direct communication between patient and health care provider from the standpoint of shared language, but it will truly be the most desirable alternative.

FROM THE PATIENT...

- A group of eight Chinese individuals who have been living in Canada for an average of four years stated that they prefer to have a professional interpreter over a family member because they consider the accuracy of translation to be very important.
 - Is this consistent or inconsistent with your experiences? Describe.

- Several of the Muslim women in another focus group said that language(s) spoken takes priority over sex when it comes to choosing a physician – they expressed a very strong preference for female physicians, but would be willing to see a male if he spoke the same language they did.
 - If you had a patient who shared this opinion, what steps might you take to ensure their satisfaction and comfort in the clinical encounter?

- A group of Aboriginal, Muslim and Chinese UBC students agreed that a professional is the interpreter of choice when serious health issues are involved, but for regular checkups, a family member works just fine.
 - Do you think there are certain situations for which a family member interpreter is better suited than a professional? Why or why not?
 - Do you see any problem with having a family member at a regular checkup? When might this not be acceptable?

- One Aboriginal focus group member suggested that there be incentives for health sciences students to learn First Nations languages, as the culture has many languages/dialects.
 - Do you agree or disagree with the notion of incentives for students to learn a second or third language? Why?

WHERE CAN I FIND A PROFESSIONAL INTERPRETER?

Most hospitals and health care agencies/centers have their own Language Services or Interpretation Services departments. Here is the contact information for several in the Lower Mainland:

Children's and Women's Health Centre of B.C.:

- Call (604) 875-3402 to pre-book an interpreter or to place an urgent request
- For further information about interpretation services contact:
 - ☐ Linda Chau, Coordinator of Language Services: (604) 875-2581

Providence Health Care:

(Holy Family Hospital, Mount Saint Joseph Hospital, St. Paul's Hospital, St. Vincent's Hospitals, Hornby Site, Youville Residence)

- Call (604) 877-8500 to pre-book an interpreter or to place an urgent request
- For further information about interpretation services contact:
 - ☐ Louise Clement, Coordinator of Interpreter and Translation Services: (604) 877-8500

Vancouver Hospital and Health Sciences Centre:

(Vancouver General Hospital, UBC hospital, GF Strong Rehab Centre, George Pearson Centre, Mary Pack Arthritis Centre)

- Call (604) 875-4566 to pre-book an interpreter or to place an urgent request
- For further information about interpretation services contact:
 - ☐ Mira Niksic, Assistant, Interpreter Services: (604) 875-4566

Richmond Health Services Authority:

(Richmond Hospital, Public Health, Lion's Manor, etc.)

- Call (604) 244-5344 to pre-book an interpreter or to place an urgent request
- For further information about interpretation services contact:
 - ☐ Kiran Malli, Language Services Coordinator: (604) 244-5344

Fraser Health Authority:

Fraser North and South (New West, Surrey, White Rock, Delta, Langley, Maple Ridge, Coquitlam):

- Call (604) 585-5549 to pre-book an interpreter or to place an urgent request

Fraser East (Abbotsford, Mission, Chilliwack, Hope):

- Call (604) 870-3769 to pre-book an interpreter or to place an urgent request
- For further information about interpretation services in both areas contact:
 - ☐ Violet Poruchko, Language Services Coordinator: (604) 585-5666 x 2567

WHERE CAN I FIND A PROFESSIONAL INTERPRETER? cont.

If you require interpretation services at a private office / clinic that does not have its own language services department, you may contact one of the following agencies:

- **Society for Translators and Interpreters of B.C. (STIBC)**
 - Phone: (604) 684-2940
 - Web: <http://www.stibc.org/directory.php> – lists professional interpreters and their contact information by language

- **Multilingual Orientation Services Association for Immigrant Communities (MOSAIC) – Interpretations Department**
 - Phone: (604) 254-8022
 - Most interpreters are certified
 - Many languages offered

- **S.U.C.C.E.S.S.**
 - Phone: (604) 408-7274 x2044
 - Interpreters are either very experienced volunteers or are certified
 - Chinese, Korean and Vietnamese interpretation services offered

- **Surrey-Delta Immigrant Service Society (SDISS)**
 - Phone: (604) 597-1358 (pre-bookings only)
 - Most interpreters are certified
 - Many languages offered

THE ROLE OF THE INTERPRETER IN HEALTH CARE

The following is a story from a UBC Rehab student in her intermediate year. Answer the questions that follow on a separate sheet of paper and turn it in to your instructor.

“The interpreter was really really good, I had to give her credit! She had a lot of knowledge of medical terminology, because she really seemed to understand what we were talking about! And the weird thing was, I asked her later, I said “What’s your training?”, and she’s a clinical psychologist! And she’s also a physician in India, but she couldn’t get a job practicing here, so she went back to take her clinical psych., and she was extremely well-educated! But then I thought, well, not every interpreter you get is a physician and a clinical psychologist! And so I thought, wow, I mean, and it was even hard with her! I think it’s really important to meet the translator that you’re gonna use before the meeting...you know, even after you’ve done the testing and before you present it to the parents, if you could get together with the translator and explain to them how you want it to come across so that they’re not on the spot just translating the words. I mean, she was really on the spot because we did, sort of, a round circle meeting where the language pathologist was talking, and the physio was talking, and the clinician was talking, the psychologist, and the OT, and she was just bang, bang, bang, translating for everyone! But we hadn’t sat down with her ahead of time and said, “We’re gonna give this really bad news!”...and I think we should’ve said that so she could’ve been prepared – in the tone that she would’ve used with them through the whole thing, I felt so uncomfortable! The parents had this, sort of, blank look on their faces! And I didn’t know, was that shock, was it that they didn’t understand, was it that they wanted more information? Because we couldn’t hear them say anything – or understand anything they said back to us, we had to totally rely on their nonverbal. And they were all looking at each other, and I didn’t know. The mother didn’t really say anything, the uncle spoke through the whole thing and I didn’t know if that was because she was too upset to talk or if he always does the talking, it was just so hard! But it must happen all the time, I would think!”

Questions:

1. Explain in your own words what is happening in the above scenario: What is the team attempting to communicate to the family? What is the family attempting to communicate to the health care team?
2. Do you think the fact that the interpreter has extensive background in health care should affect the way the interview is conducted? Why or why not?
3. Based on what you have learned about what makes a successful interpreter-assisted interview, explain how you might have handled the above situation if you were the team leader (e.g. what would you have done to avoid the confusion described by the student?)