

Disclosure Information

Working Effectively with Interpreters
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Continuing Medical Education committee members and those involved in the planning of this CME Event have no financial relationships to disclose.

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I will not discuss off label use/or investigational use in my presentation.

Working Effectively with Interpreters

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Disclosures and Acknowledgements

- No significant financial relationships to disclose
- Many slides developed in collaboration with
 - Nora Gonzales, MSW
 - Heather Harris, MD

Objectives

- Discuss options and best practices for communicating with patients with Limited English Proficiency.
- Describe 3 key challenges to working with interpreters, and identify practical ways to improve these encounters.
- Review training, responsibilities, and experience of professional interpreters, and describe how providers can leverage their training and expertise to improve patient encounters.
- Describe the challenges to accessing professional interpreters and discuss new models for expanding access to interpreter services.

Outline

- Background
- Challenges in working with interpreters
- Where is the interpreter coming from
- Best practices in communicating via professional interpreters
- Discussion and troubleshooting

Choosing Wisely

ASN "Choosing Wisely" Recommendation 5:

"Don't initiate chronic dialysis without ensuring a shared decision-making process between patients, their families, and their physicians."

The decision to initiate chronic dialysis should be part of an individualized, shared decision-making process between patients, their families, and their physicians. This process includes **eliciting individual patient goals** and preferences and **providing information on prognosis and expected benefits and harms of dialysis** within the context of these goals and preferences.

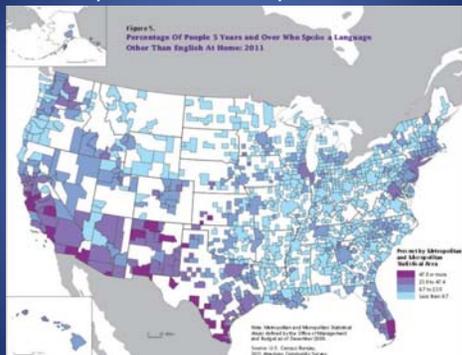
The challenge

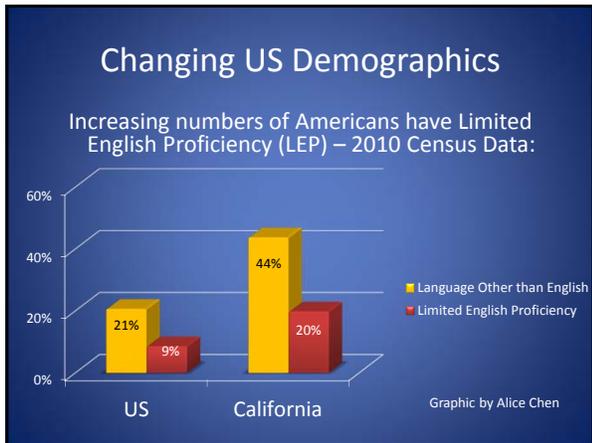
How do you elicit goals and preferences, and provide clear information on prognosis, benefits/harms of dialysis, when you cannot communicate directly with your patient?

What are your experiences?

- How often does this happen in your clinical practice?
- How many different languages are spoken by patients in your practice?
- How do you work around communication (language) barriers in your clinical practice?

What is the patient landscape like in California?





What can you do when you cannot communicate directly with a patient?

- Try to “get by” with limited 2nd language proficiency
- Use an *ad hoc* interpreter
- Use a professional interpreter

What happens when providers try to “get by” with limited 2nd language skills?

- Clinicians report using limited 2nd language skills for reasons of convenience, professional skill building
- Concern raised regarding pt comprehension when providers used limited language skills
 - Study examined Spanish interpreter use in ED
 - 87% of pts who didn’t get an interpreter thought one should be used
 - Far fewer pts who didn’t get an interpreter reported good-excellent understanding of dz, compared to those who had interpreter, or who didn’t feel an interpreter was needed (38% vs. 57% vs. 67%)

Diamond, JGIM 2009
Baker DW, JAMA 1996

2nd Option: *Ad hoc* interpreters

- *Ad hoc* interpreter: an untrained person who is called upon to interpret
 - Family member
 - Untrained hospital/clinic staff
 - Bystander
- Reasons why *ad hoc* interpreters are used
 - Convenient
 - Inexpensive (?hidden costs)
 - ?Greater comfort discussing sensitive topics with family/friend as interpreter (Kuo, JGIM 1999)

Ad hoc interpreters, cont.

Concerns related to using *ad hoc* interpreters

- 2007 review of literature on quality of care, comparing professional vs. *ad hoc* interpreters (Karliner, Health Services Research 2007)
 - Clinicians, patients more satisfied with professional interpreters
 - Professional interpreters improve clinical care more than *ad hoc* interpreters
- Communication errors by *ad hoc* interpreters more likely to have clinical consequence (Flores, Pediatrics 2003)

Why use Professional Interpreters?

- Professional Interpreters associated with overall improved care for LEP patients
 - Suggestion of less communication error
 - Greater patient comprehension
 - Improved clinical outcomes
 - Increased patient satisfaction
 - Equalization in health care utilization

Karliner et. al. 2007

Providing access to interpreter services is required by law

- State and federal legislation since 1960s guards against discrimination on the basis of national origin
- Federal legislation (1998)
 - Requires recipients of federal funding (Medicaid or Medicare) to provide adequate language assistance to LEP patients
- State legislation (2009 Language-services Law)
 - Requires all health plans and insurers provide an interpreter for LEP patients at no cost to the patient

How do you communicate with LEP patients?



What is good/bad about your strategy?

Using Interpreters in Important Conversations: Key Challenges

1. Loss of control over the message that is conveyed
2. Integration of an outsider into the care team
3. Limited access to interpreter services

Key Challenge #1: Lost in Translation?



Key Challenge #1: Lost in Translation?

- We grow accustomed to scripts for explaining concepts or choices – unclear how this comes across in another language
- Harder to gauge patient understanding
- In caring for patients with LEP, the person acting as the interpreter has control over the message being conveyed – in *both* directions

Lost in Translation, cont.

- A small study of interpretation in ICU family meetings found that 55% of exchanges had alteration in meaning
 - Alterations included additions, omissions, substitutions, and editorializations
 - >75% of alterations were considered clinically significant
 - 93% of clinically significant alterations were judged to have a *negative* impact on communication

Pham, Chest 2008 July

Key Challenge #2:
The invisible team member



Key Challenge #2:
The invisible team member

- In clinics and small hospitals, providers develop relationships with staff they work with routinely, know what to expect
- When a professional interpreter is used, you often don't know the interpreter (well)
- Treating team usually prepares for difficult encounters, but the interpreter has no advance warning or context for these conversations

Key Challenge #3:
Limited access to interpreter services



Key Challenge #3:
Limited access to interpreter services

Inadequate supply of trained interpreters

- In 2009, estimated that 15,000 to 17,000 people in U.S. perform medical interpreting work
 - (Sweden reports 3,000 professional medical interpreters attend training every year, for country of 8.5 million [total population])
- 2000 Census data: > 10 million people reported did not speak English well or at all
 - ⇒ ~1 interpreter for every 600 Americans

Common Sense Advisory, Research Firm 2009
U.S. Census 2000
Fatahi, Scandinavian J of Primary HC, 2005

Key Challenge #3:
Limited access to interpreter services

- In-person interpreters have limited hours, often work part-time in another capacity
- Hospital or clinic may not have interpreter support for all languages

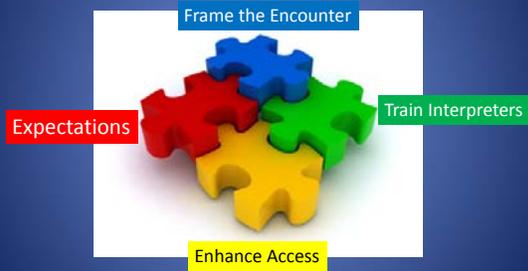
Key Challenge #3:
Limited access to interpreter services

- Professional interpretation services are costly
 - In-person interpreters: \$20-26/hr
 - Language Line (AT&T): Average \$1.50/min (Actual: \$4.50/min, for some languages and lower volume clients)
 - Health Care Interpreter Network
 - Significant costs to initiate services (\$120,000-150,000 for a 250/bed hospital)
 - \$40,000-60,000 yearly membership fee
 - Cost per min (if using outside interpreter): \$0.75/min

Ways to address challenges and work more effectively with interpreters



Ways to address challenges and work more effectively with interpreters



Key for Working Effectively with Interpreters: Expectations

- Know where your interpreter is coming from
 - Training and certification
 - Professionalism
 - Roles
- Know what the interpreter expects of you



Healthcare Interpreters: Training and Certification

- Training programs for healthcare interpreters are growing in number
- Programs in California largely based in community colleges or healthcare organizations
- Avg length of programs in California: 40 hrs
- Scope of training
 - role and ethics
 - basic interpreting techniques
 - controlling flow of the session
 - health care practice medical terminology
 - professional development
 - impact of culture

Healthcare Interpreters: Training and Certification

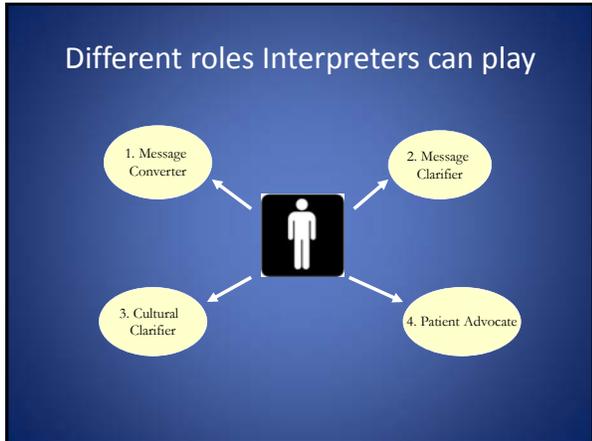
- Certification process growing, but not standardized

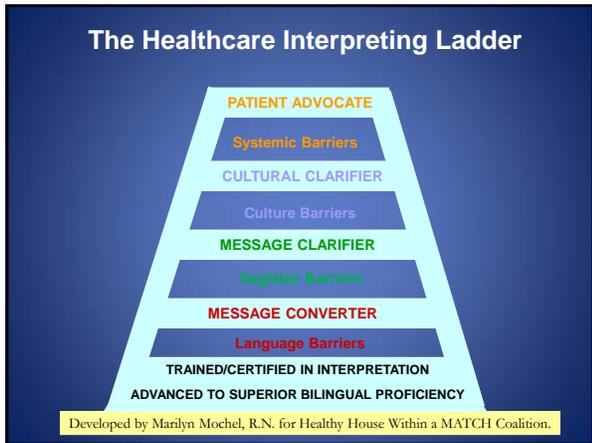


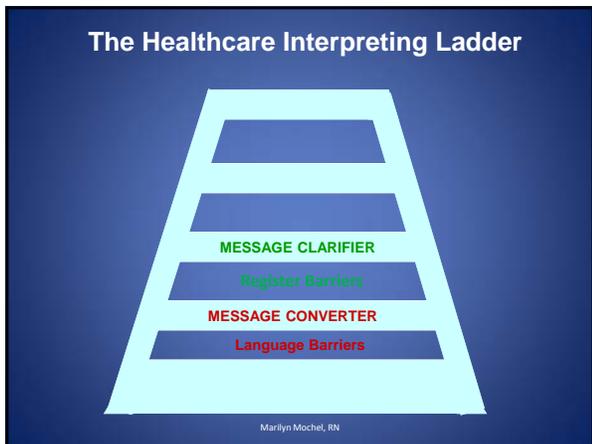
- Most certification bodies now require:
 - US High school diploma
 - Completion of at least 40 hrs of training
 - Proficiency in English and target language
- Written and oral testing for certification

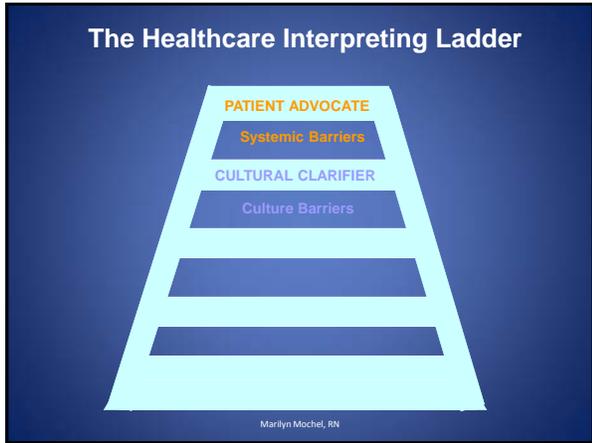
Professional Interpreters: What to Expect

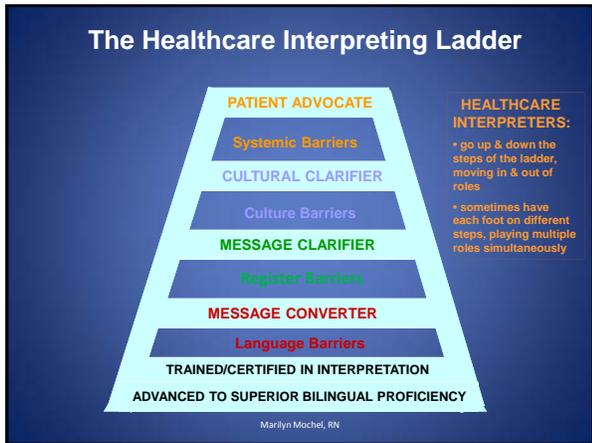
- Wide variability in:
 - Background & Experience
 - English proficiency
 - Professionalism
 - Role as interpreter
 - Acculturation
- What you should expect of interpreter:
 - Managing flow of session
 - Conveying everything said, as accurately as possible









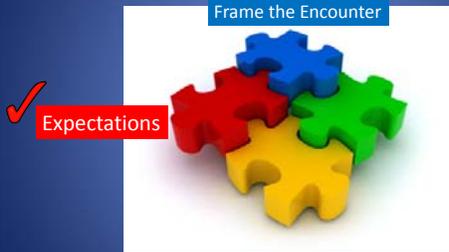


Expectations of Providers

- Use best practices in interpreted communication
 - Use 1st person
 - Maintain eye contact with pt (and interpreter prn)
 - Minimize jargon
 - Avoid euphemisms, metaphors, proverbs
 - Questions/information in short pieces
 - Get interpreter’s attention with, “Interpreter...”
- Check for understanding

Accuracy of Communication:
 > Memory Exercise

Ways to address challenges and work more effectively with interpreters



Frame the Encounter

- Include the interpreter in preparing for and evaluating encounters with patients and families
 - Unless interpreter is part of your staff, s/he is likely unprepared for important decision-making discussion
- Pre-meeting planning
 - Review agenda
 - Review content for terminology
 - Anticipate problems
 - Get input from interpreter
 - Does the interpreter know the patient?
 - What has (or has not) worked in the past?
 - Are there cultural issues you should be aware of?

Frame the Encounter

- Post-meeting debriefing: elicit interpreter feedback
 - Were there messages that were lost? Were there non-verbal cues or side conversations that the interpreter noticed but did not convey?
 - What went well/badly?
 - What could be done better next time?
 - How is the interpreter doing? (Encourage interpreter to pause, if needed, before starting next conversation)

Ways to address challenges and work more effectively with interpreters

Expectations

Frame the Encounter

Train Interpreters

Train Interpreters/Staff

- Specifically address training deficiencies in your interpreter staff
 - For contracted interpreter services, inquire regarding training provided to interpreters
 - For on-site interpreters, offer training in nephrology concepts and decision-making
- Professional Interpreter Associations have additional training, CE
- Identify individual interpreters' strengths/weaknesses

Ways to address challenges and work more effectively with interpreters

Expectations

Frame the Encounter

Train Interpreters

Enhance Access

Enhance access: Bilingual staff?

PROS

- Enhanced trust
 - Improved satisfaction
 - Improved outcomes
- Minimal additional costs (depends)
- Efficient

CONS

- ?Limited pool of qualified providers
- No formal training in interpreting
- May have limited vocabulary in one/both languages

Enhance access to interpreter services

- Advocate for professional interpreter services
 - Accommodations for LEP pts required by law
 - ?Grant funding for expanding interpreter services
- Emerging technology and practices
 - Shared interpreter staff
 - New models, technology for remote interpretation

Future of Medical Interpretation

- Shared professional interpreters
 - Health Care Interpreter Network (HCIN)
 - In-person contract interpreters on-demand
- New models for Remote Interpretation
 - Telephonic Modalities
 - Videoconference Medical Interpretation (VMI)
 - Portable Devices
 - Emerging use outside of healthcare settings
 - *Caution with translating apps*

Remote Interpretation: What does the evidence show?

- Time/efficiency
 - Shorter intervals btw encounters (interpreters)
 - ?Effect on length of encounters themselves
- Satisfaction
 - Providers, pts prefer in-person
 - General preference for video>telephone in remote encounters
- Accuracy: maybe better!

Azarmina, J Telemed Telecare 2005
Locatis, JGIM 2010
Gany, JGIM 2007

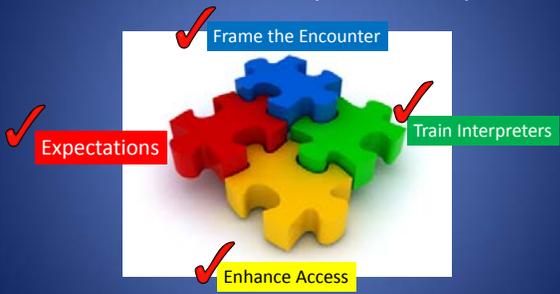
Benefits and Challenges of Remote Interpreter Services

- **Benefits:**
 - Available 24 hours/day, 365 days a year
 - Vast number of languages accessible within minutes
 - Multiple access points throughout the hospital, clinic, or community
 - Trained Interpreters
 - Potentially time and cost saving
- **Challenges:**
 - Start-up costs can be high
 - Equipment shortage and/or malfunction: audio, connection, etc.
 - Less personal? (particularly from perspective of interpreters)

Can be particularly challenging in important conversations



Ways to address challenges and work more effectively with interpreters



Take-home Points

- Law and evidence base supports use of professional healthcare interpreters to improve pt understanding and satisfaction
- Know what to expect from your interpreters
 - Leverage roles beyond message converter
- Optimize individual encounters
 - Best practices in communication
 - Frame the conversation
- Get to know and train your interpreters
- Consider various remote interpreter services to enhance access