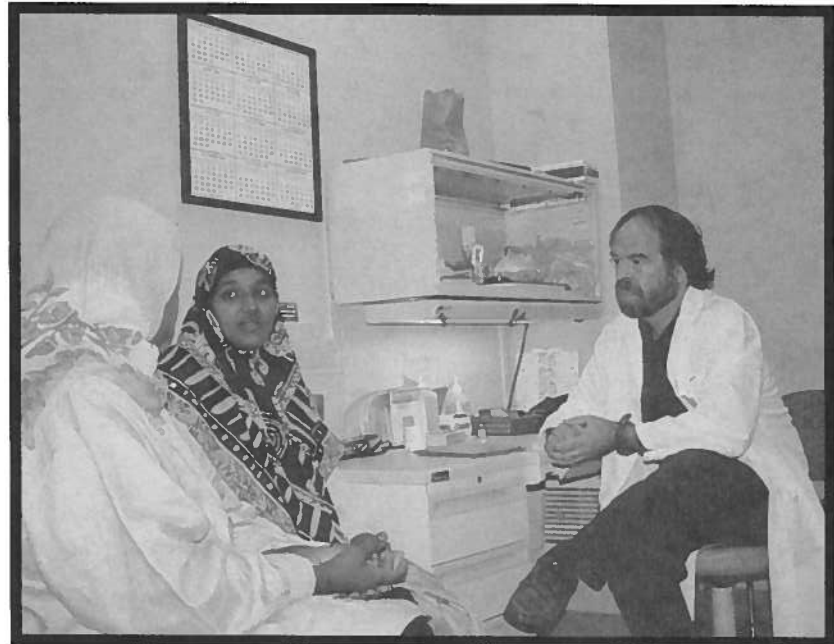


Working with Medical Interpreters



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The need for clarity and understanding is paramount in any setting where people seek services. But in a hospital or clinic, life-and-death- decisions hinge on immediate, accurate communication. The consequences of poor communication can be devastating. Inaccurate history-taking, unnecessary testing, and misdiagnosis are just a few of the risks.

Federal law recognizes these potential risks to healthcare consumers by mandating “linguistic accessibility to healthcare” under Title VI of the Civil Rights Act.

In addition, health care accreditation systems have adopted standards that underscore the need for language access. The Joint Commission on Accreditation of Healthcare Organizations requires hospitals to “have a way of providing for effective communication for each patient served,” while the National Committee for Quality Assurance, which accredits managed care organizations, has stipulated that the provision of medical interpreters is essential to overcome the communication gap between providers and non-English-speaking patients.

Contact your patient’s health plan to find out how to access an interpreter. If possible, match your patient and interpreter by gender and age.

Guidelines for Using Medical Interpreters

The following recommendations are provided by Bruce T. Downing, Associate Professor of Linguistics and Director of the Program in Translation and Interpreting at the University of Minnesota:

Use qualified interpreters to interpret. The most basic requirement is that you have access to an experienced and qualified interpreter who can truly aid communication rather than getting in the way or distorting the messages that you and the patient want to communicate. Being bilingual in English and the patient's language is only a prerequisite for being able to interpret (just as speaking English is only a prerequisite for teaching it; being a native speaker doesn't make you a language teacher). A qualified, professional interpreter has the special skills needed to fully understand anything another person wants to say and to make that person's message clear to another person in a different language. In addition, like any professional, a qualified interpreter knows his/her role, limitations, and responsibilities as an interpreter for others.

Do not depend on children or other relatives and friends to interpret. Do not call upon staff members or others unskilled in interpreting unless more qualified professionals are not available. If bilingual staff with other responsibilities does the interpreting, they must not try to do two things at once, e.g., interpreting and counseling.

Have a brief pre-interview meeting with the interpreter. Plan to meet with the interpreter for a couple of minutes before the interview to explain the situation and any background needed for understanding what you plan to talk about. Agree with the interpreter in advance on such things as how the interview will start and where the interpreter should sit.

Establish a good working relationship with the interpreter. If possible, try to work with the same interpreter over time so that you can establish a comfortable working relationship. Although your roles are quite different, you need to be able to work together as a team.

Plan to allow enough time for the interpreted session. Schedule enough time for the interview, remembering that an interpreted conversation requires every statement or question to be uttered twice.

Address yourself to the interviewee, not to the interpreter. Speak directly to the patient, not to the interpreter, addressing the patient rather than the interpreter as "you." Your eye contact should be with the patient, not with the interpreter - because it is the patient you are talking to, not the interpreter.

Don't say anything that you don't want the other party to hear. Expect everything you say to be translated, as well as everything the patient says. But remember that what can be said in a few words in one language may require a lengthy paraphrase in another.

Use words, not just gestures, to convey your meaning. Use words as much as possible to express your meaning, not gestures. The words are easier for the interpreter to deal with. Keep in mind that the patient won't be hearing your words at the same time as your gestures.

Speak in a normal voice, clearly, and not too fast. Speak in your normal voice, not louder or slower (unless the interpreter asks you to slow down). Sometimes it is easier for the interpreter to interpret speech produced at normal speed, with normal rhythms, than artificially slow speech.

Avoid jargon and technical terms. Avoid idioms, technical words, or cultural references that the interpreter either might not understand or might have difficulty translating. (Some concepts may be easy for the interpreter to understand but extremely difficult to translate.)

Keep your utterances short, pausing to permit the interpretation. For consecutive interpreting, you should speak for a short time (one longer sentence or three or four short ones) and then stop in a natural place to let the interpreter pass your message along. Be aware of the length or complexity of your speech so you will not overly tax the interpreter's memory. Short simple sentences are obviously easier. Do not pause for interpretation in the middle of a sentence, since the interpreter may need to hear the whole sentence before s/he can even start to interpret it.

Ask only one question at a time. If you chain questions together, you may not be able to match questions with answers.

Expect the interpreter to interrupt when necessary for clarification. Be prepared to have the interpreter interrupt when necessary to ask you to slow down, to repeat something s/he didn't quite get, to explain a word or concept s/he might not be familiar with, or to add an explanation for something the patient may not be able to understand without some background information.

Expect the interpreter to take notes if things get complicated. Do not be surprised if the interpreter takes notes to facilitate recall. This is an aid to memory, not an interruption.

Be prepared to repeat yourself in different words if your message is not understood. If mistranslation is suspected (for example, if the response does not seem to fit with what you said), go back and repeat what you said in different words.

Have a brief post-interview meeting with the interpreter. Meet with the interpreter again after the interview to assess how things went, to see if the interpreter is satisfied, or to address questions or comments about the process of communication.

Linguistic and Cultural Differences

When interpreting is used, you will be communicating through the interpreter but to the patient. Dealing with cultural differences and the personality of the patient is primarily your job, not the interpreter's. Here are some things to keep in mind with regard to the linguistic and cultural differences between you and the patient:

Example 1: There may be less eye contact on the part of the patient than you would normally expect, and the eye contact may be with the interpreter rather than with you.

Example 2: A smile or nod on the part of the patient may not mean what it would mean if done by you or someone from your culture.

Remember:

- If the patient comes from a different culture, then so do you.
- If the patient has trouble grasping your way of thinking and the concepts and metaphors involved, you are probably having the same trouble dealing with the patient's way of thinking and the abstractions and metaphors of another culture.
- If the patient has language problems when talking to you, then you have language problems, too. Probably the patient knows more of your language than you do of his/ hers.
- The interpreter is not there (just) to interpret for the patient or to interpret the patient's language. The interpreter is there to interpret for two clients who don't know each other's languages, you and the patient. The interpreter is there to facilitate communication between the two of you. The interpreter is there to render each speaker's utterances in the other person's language, in such a way that the meaning of each utterance can be understood.

Office for Civil Rights

Guidance to Federal Financial Assistance Recipients Regarding Title VI and the Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons - Summary

The U.S. Department of Health and Human Services has published revised Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient (LEP) Persons. The Revised LEP Guidance is issued pursuant to Executive Order 13166. It is effective immediately and replaces the Guidance issued August 30, 2000. You can print out a copy of the Guidance from OCR's website at <http://www.hhs.gov/ocr/civilrights/resources/specialtopics/lep/index.html> or contact one of the OCR Regional Offices listed below.

LEGAL AUTHORITY

Title VI and Department of Health and Human Services regulations, 45 C.F.R. Section 80.3(b)(2), require recipients of Federal financial assistance from HHS to take reasonable steps to provide meaningful access to Limited English Proficient (LEP) persons. Federal financial assistance includes grants, training, use of equipment, donations of surplus property, and other assistance. Recipients of HHS assistance may include hospitals, nursing homes, home health agencies, managed care organizations, universities and other entities with health or social service research programs, State, county, and local health agencies. It may also include State Medicaid agencies, State, county, and local welfare agencies, programs for families, youth, and children, Head Start programs, public and private contractors, subcontractors, and vendors, and physicians and other providers who receive Federal financial assistance from HHS.

DEFINITION OF LIMITED ENGLISH PROFICIENT INDIVIDUALS

Individuals who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English may be LEP and may be eligible to receive language assistance with respect to the particular service, benefit, or encounter.

FACTORS USED TO DETERMINE THE TITLE VI OBLIGATION TO ENSURE MEANINGFUL ACCESS FOR LEP PERSONS

Recipients are required to take reasonable steps to ensure meaningful access to their programs and activities by LEP persons. The Guidance explains that the obligation to provide meaningful access is fact-dependent and starts with an individualized assessment that balances four factors: (1) the number or proportion of LEP persons eligible to be served or likely to be encountered by the program or grantee; (2) the frequency with which LEP individuals come into contact with the program; (3) the nature and importance of the program, activity or service provided by the recipient to its beneficiaries; and (4) the resources available to the grantee/recipient and the costs of interpretation/translation services. There is no "one size fits all" solution for Title VI compliance with respect to LEP persons, and what constitutes "reasonable steps" for large providers may not be reasonable where small providers are concerned.

USE OF FAMILY MEMBERS AND FRIENDS

Some LEP persons may feel more comfortable when a trusted family member or friend acts as an interpreter. When an LEP person attempts to access the services of a recipient of federal financial assistance, who upon application of the four factors is required to provide an interpreter, the recipient should make the LEP person aware that he or she has the option of having the recipient provide an interpreter for him/her without charge, or of using his/her own interpreter. Recipients should also consider special circumstances that may affect whether a family member or friend should serve as an interpreter, such as whether the situation is an emergency, and whether there are concerns over competency, confidentiality, privacy, or conflict of interest. Recipients cannot require LEP persons to use family members or friends as interpreters.

VITAL DOCUMENTS

Recipients can use the four factor analysis described above to determine if specific documents or portions of documents should be translated into the language of the various frequently-encountered LEP groups eligible to be served and/or likely to be affected by the recipient's program. Recipients should assess whether specific documents or portions of documents are "vital" to the program, information, encounter, or service involved and the consequences to the LEP person if the information in question is not provided accurately or in a timely manner. As with the LEP Guidance of other Federal agencies, the HHS Guidance provides recipients with a "safe harbor" that, if undertaken, will be considered strong evidence that the recipient has satisfied its written translation obligations.

INTERPRETER/TRANSLATOR COMPETENCE

The Guidance provides additional guidance on what to consider in determining interpreter and translator competency in particular contexts.

ELEMENTS OF AN EFFECTIVE LANGUAGE ASSISTANCE PLAN

If, after completing the four-factor analysis, a recipient determines that it should provide language assistance services, a recipient may develop an implementation plan to address the identified needs of the LEP populations it serves. Recipients have considerable flexibility in developing this plan. The Guidance provides five steps that may be helpful in designing such a plan: (1) identifying LEP individuals who need language assistance; (2) language assistance measures (such as how staff can obtain services or respond to LEP callers); (3) training staff; (4) providing notice to LEP persons (such as posting signs); and (5) monitoring and updating the LEP plan.

VOLUNTARY COMPLIANCE EFFORT

The Office for Civil Rights and HHS are committed to assisting recipients of HHS financial assistance in complying with their obligations under Title VI of the Civil Rights Act of 1964. HHS is committed to engaging in outreach to its recipients and to being responsive to inquiries from its recipients. HHS provides a variety of practical technical assistance to recipients to assist

them in serving LEP persons so they are in compliance with the Title VI regulations. The requirement to provide meaningful access to LEP persons is enforced and implemented by the HHS Office for Civil Rights through the procedures identified in the Title VI regulations. These procedures include complaint investigations, compliance reviews, efforts to secure voluntary compliance, and technical assistance.

FOR MORE INFORMATION

Anyone who believes that he/she has been discriminated against because of race, color or national origin may file a complaint with OCR within 180 days of the date on which the discrimination took place. The OCR Regional Offices are listed below:

Region I - CT, ME, MA, NH, RI, VT

Office for Civil Rights
J.S. Department of Health & Human Services
1FK Federal Building - Room 1875
Boston, MA 02203
(617) 565-1340; (617) 565-1343 (TDD)
(617) 565-3809 FAX

Region II - NJ, NY, PR, VI

Office for Civil Rights
J.S. Department of Health & Human Services
26 Federal Plaza - Suite 3313
New York, NY 10278
(212) 264-3313; (212) 264-2355 (TDD)
(212) 264-3039 FAX

Region III - DE, DC, MD, PA, VA, WV

Office for Civil Rights
J.S. Department of Health & Human Services
150 S. Independence Mall West - Suite 372
Philadelphia, PA 19106-3499
(215) 861-4441; (215) 861-4440 (TDD)
(215) 861-4431 FAX

Region IV - AL, FL, GA, KY, MS, NC, SC, TN

Office for Civil Rights
J.S. Department of Health & Human Services
51 Forsyth Street, SW. - Suite 3B70
Atlanta, GA 30323
(404) 562-7886; (404) 331-2867 (TDD)
(404) 562-7881 FAX

Region V - IL, IN, MI, MN, OH, WI

Office for Civil Rights

Region VI - AR, LA, NM, OK, TX

Office for Civil Rights
U.S. Department of Health & Human Services
1301 Young Street - Suite 1169
Dallas, TX 75202
(214) 767-4056; (214) 767-8940 (TDD)
(214) 767-0432 FAX

Region VII - IA, KS, MO, NE

Office for Civil Rights
U.S. Department of Health & Human Services
601 East 12th Street - Room 248
Kansas City, MO 64106
(816) 426-7278; (816) 426-7065 (TDD)
(816) 426-3686 FAX

Region VIII - CO, MT, ND, SD, UT, WY

Office for Civil Rights
U.S. Department of Health & Human Services
1961 Stout Street - Room 1426
Denver, CO 80294
(303) 844-2024; (303) 844-3439 (TDD)
(303) 844-2025 FAX

Region IX - AZ, CA, HI, NV, AS, GU,

The U.S. Affiliated Pacific Island Jurisdictions

Office for Civil Rights
U.S. Department of Health & Human Services
90 7th Street, Suite 4-100
San Francisco, CA 94103
(415) 437-8310; (415) 437-8311 (TDD)
(415) 437-8329 FAX

Region X - AK, ID, OR, WA

Office for Civil Rights

J.S. Department of Health & Human Services
233 N. Michigan Ave. - Suite 240
Chicago, IL 60601
(312) 886-2359; (312) 353-5693 (TDD)
(312) 886-1807 FAX

U.S. Department of Health & Human Services
2201 Sixth Avenue - Mail Stop RX-11
Seattle, WA 98121
(206) 615-2290; (206) 615-2296 (TDD)
(206) 615-2297 FAX