

Module IV

THE ROLE OF THE INTERPRETER IN HEALTH CARE

Module Objectives:

Students will be able to:

1. describe the most important characteristics of a skillful interpreter
Relevant sections: IV.3, IV.4, IV.5a, IV.5b
2. identify and recognize an interpreter to be a professional through familiarity with the various interpreter training programs offered
Relevant section: IV.4
3. explain the pros and cons of using an untrained individual versus a professional as the interpreter and give examples of situations in which each may be most appropriate
Relevant sections: IV.3, IV.5b, IV.5c
4. describe several strategies for working effectively with a professional interpreter
Relevant sections: IV.5a, IV.5b
5. describe several strategies for working effectively with an untrained interpreter
Relevant sections: IV.5a, IV.5b
6. identify resources for obtaining professional interpretation services in their area
Relevant section: IV.6

HOOR 1: LECTURE / DISCUSSION

TIME: 15 minutes

IV.1 The Need for Professional Interpreters

The need for accurate and professional interpretation in health care is an area all too often overlooked. Consider the following experiences told to researchers by health professionals and patients themselves

Instructor may want to use an overhead of the case(s) relevant to their area of health care to present to students at the beginning of this module as a means of generating interest.

- A male Indo-Canadian patient who spoke very broken English came into the pharmacy. Based on his complaints the pharmacist recommended some cough and cold medication, when another pharmacist, who spoke Hindi, stepped in to aid in communication. After speaking with him (he spoke Punjab, which is similar enough to Hindi that communication is possible) she learned that he was not seeking medication for a cough/cold, but was looking for something that would help his constipation.

~ as told by an Abbotsford pharmacist

- "I know at least three women from our community who went to the doctor concerned about nutrition for their unborn babies during their pregnancy. As they could not speak English, they pointed to their stomach. The doctors thought they wanted an abortion. In one case, the woman was actually given an abortion."

~ focus group participant

from "Case Studies in Health Care," AMSSA: June 1999

- "A man diagnosed with HIV was translating for his wife at a doctor's appointment. His wife had recently arrived in B.C. and spoke no English. The man kept assuring the doctor that he was being faithful and accurate in his translation- telling his wife of his disease, explaining the need to use condoms, etc; however, the woman showed no indication of having understood the situation and did not ask any questions about HIV."

~ as told by a B.C. physician

from "Case Studies in Health Care," AMSSA: June 1999

- "Mrs. C is a woman who was admitted to out floor for rehab due to COPD and weakness which caused her to fall at home. Mrs. C could not be



evaluated by the PT or the OT because she spoke no English and nobody could speak Cantonese. As it turns out, the social worker on the floor, who is from India but was raised in Hong Kong, speaks Cantonese, Punjabi and English. She was used as a translator for Mrs. C so that we all could communicate with her. We also had a family conference with her children, who spoke English and Cantonese, to discuss her situation at home. It was very difficult to explain exercises or interventions to her without a translator and lots of body language was needed for this.”

~ Rehab student, Junior Year

This module aims to teach you how to effectively deal with or altogether avoid such situations.

Consider the following statistics:

- Foreign-born residents account for 18.4% of Canada’s population
- Foreign-born residents account for 26.1% of B.C.’s population, more than double the foreign-born population in every other province (except for Ontario at 26.8%)
- In Vancouver alone the foreign-born population is 37.5%
- 14.8% of Canada’s population does not speak English (13.3% of these speak only French, 1.5% do not speak either official language)
- It is known that language skills are closely associated with educational attainment, access to care and health outcomes. Language thus has a central role in all aspects of health care. Professional interpreters can indirectly improve these aspects by strengthening the role of language.

TIME: 30 minutes

MATERIALS:

Overhead IV.2B:Model

IV.2 Why Use a Professional Interpreter?

Consider the reasons for using a professional interpreter in a clinical encounter. What are the benefits? Generate a list as a class, then view *Overhead IV.2A:Reasons* and discuss using the following guidelines:

Think about the best care you can provide a patient/client. Now estimate what percentage of this care you would be able to provide if there were a language barrier between you and your patient/client. Discuss using the following questions:

- How would this affect long-term health outcomes?
- How would this affect the development of your relationship with the patient/client?

Currently there is no legislation requiring the use of interpreters in the clinical setting; however, as outlined in Module I (see Law and Liability issues, page 3) the Canada Health and Human Rights Acts require that all citizens receive equal access to services. Language barriers can make fulfillment of this requirement difficult if not impossible.

In the long run, the costs of professional interpretation are likely to be far less than delayed care or lawsuits resulting from misdiagnosis, etc. that can occur in a setting with language barriers.

View *Overhead IV.2B:Model*. This model has been proposed as a way in which use of medical interpreters can improve health care and health outcomes and reduce health disparities.

HOOR 2: LECTURE / DISCUSSION

IV.3 Professional vs. Untrained Interpreters

TIME: 30 minutes

MATERIALS:

Overhead IV.3A:Types

View *Overhead IV.3A:Types* and discuss using the following guidelines:

How might an understanding of the familial context and dynamic give family members an 'edge' in interpreting? For example, if the family member lives with the patient/client, he/she is able to observe the patient's/client's behavior on a daily basis- this may allow him/her to volunteer more information about the patient's/client's condition than what the patient/client actually tells the clinician. The family member may also be able to provide valuable information that the patient/client accidentally forgets to mention.

How might the interpreter's understanding of the familial context and dynamic be considered a disadvantage? Personal knowledge of the patient/client can be a disadvantage in that it sometimes results in the interpreter answering questions for the patient/client without actually giving the patient/client the opportunity to answer him/herself- the interpreter feels he/she knows the answer and so doesn't feel the need to pose the question to the patient/client directly.

Discuss the common translation style of family members: they may give inaccurate or abbreviated translations because they don't know the correct translation for certain words, and they may "filter" information between clinician and patient/client in both directions due to personal agendas, i.e. a woman interpreting for her mother might not tell her that her test results came back positive; she may instead translate the doctor's words to mean the results were inconclusive because she felt that the bad news of a positive diagnosis would be too much for her mother to handle.

Discuss how differing domestic roles might interfere in the interviewing process, e.g. the husband is viewed by both himself and his wife as the "master of the house," and the wife will not do or say anything without his approval.

Review points for untrained, unrelated individual- the filtering and failure to consult the patient/client for answers doesn't happen as often because the individual doesn't know the patient/client personally and so must depend solely on the patient's/client's rendition of events- not their own opinions.

Note that despite these differences, the untrained, unrelated individual is still susceptible to inaccuracy in his/her translations.

Note the importance of accuracy in interpreting the clinical interview and that only trained interpreters can be depended on for accuracy- they also usually have knowledge of the medical system and its terminology.

Professional interpreters understand their role in the health care setting and appreciate the delicate balance- they are trained to know when to be transparent and when to step forward.

Have you ever had an experience with an untrained or professional interpreter? Discuss as a class whether or not you feel that in certain situations, an untrained interpreter such as a family member is the best choice, e.g. for a regular checkup or for very personal health concerns.

TIME: 15-20 minutes

MATERIALS:

Overhead IV.4A:Qualities

Handout IV.4A: Certifications

IV.4 What Makes an Effective Interpreter?

View *Overhead IV.4A:Qualities*. There are several different options available for interpretation training, with the most recognized and well-established being those offered by STIBC and VCC. Vancouver Community College offers several different programs:

- Community Interpreting Certificate Program

This is the most basic training and serves as a prerequisite for the other two programs offered. Such interpreters have the skills to interpret for community/social work related situations, but are not specifically trained for medical interpretation .

- Health Care Interpreting Certificate Program

This is a much more in-depth program with graduates qualified as professional medical interpreters.

- Court Interpreting Certificate Program

This is the most demanding accreditation program offered by VCC and is considered to produce the most highly skilled interpreters.

Consult *Handout IV.4A:Certifications* for a list of several types of professional interpreters in terms of their certification and training and take note of the following:



Interpreters trained/certified through the Society of Translators & Interpreters of B.C. must undergo rigorous training and testing. Interpreters associated with the Society may either be associate members (certified at the provincial level) or certified members (certified at the national level).

Vancouver Community College's programs- especially their court interpretation program- are also highly respected. Certified court interpreters are considered the most qualified and highly skilled of VCC program graduates due to their extensive training.

The pilot VCC program of 1995 mentioned in the first point was a program run only once; however, its graduates are very highly regarded by STIBC.

HOUR 3: ACTIVITIES

(choose one or two, depending on time available)

TIME: 45-60 minutes

MATERIALS:
None

IV.5 Learning Activities:

a. Guest speaker: a professional interpreter

Type of Activity: Lecture / Discussion

Purpose: To demonstrate to students the perspective of the interpreter in a clinical encounter

Preparatory Assignment (to be done before activity): Prepare two or three questions that you would like to ask the speaker before coming to class.

To recruit a guest speaker, contact one of the individuals listed in Appendix A.

Instructor should brief the speaker prior to the presentation on topics to discuss, taking into consideration what has already been discussed in class and tailoring their briefing accordingly. Some examples of what to have the speaker address in the presentation:

The types of things health professionals should look for when selecting an interpreter: What does the profile of a skilled interpreter look like? i.e. qualities, professional qualifications, etc.

Some examples of health-related situations in which a professional interpreter might be appropriate, specific to the audience's field of study (i.e. don't talk about using an interpreter in a doctor's appointment if you are speaking to a class of pharmacists)

What health professionals can do to maximize the benefits of using a professional interpreter- are there ways to prepare for the interview? Is there anything they can do to make the job of the interpreter easier? How can communication between professional, interpreter and patient/client be made optimal? Use examples from your own experiences to illustrate.

How to find a professional interpreter: what organizations you can contact (include contact information), costs, how setting up an appointment works i.e. are there interpreters "on call"? How soon in

advance of your patient/client interview should you call to schedule an interpreter? Do you contact the interpreter directly or through an agency? etc.

Open floor to questions from the class.

b. Working with Medical Interpreters

Type of Activity: Videotape / Discussion

Purpose: To give students information about how to work effectively with a professional interpreter and how to make the most of a situation where an untrained interpreter must be used.

Fast forward the video past the Cross Cultural Health Care Program introductory information to the beginning of the first vignette, which shows a clinical scenario in which an untrained interpreter is used. Stop the tape when prompted to discuss the positive and negative aspects of the encounter.

Continue with the second vignette, which shows a scenario involving a professional interpreter. Stop the tape when prompted for more discussion.

Continue with the third vignette, which demonstrates how the scenario using the untrained interpreter can be improved upon. Stop the tape when prompted for more discussion.

Review as a class the qualities of a successfully interpreted clinical encounter.

The instructor may choose to either have the class compile a list or distribute *Handout IV.5A:Guidelines*.

TIME: 60 minutes

MATERIALS:

Video "Communicating Effectively Through an Interpreter,"

TV

VCR

Handout IV.5A:Guidelines

TIME: 30 minutes

MATERIALS:

Handout IV.5B: Vignettes

c. From the Patient

Type of Activity: Mini-case study analysis / discussion

Purpose: To give students some insight into the views and behaviors of some individuals of a particular culture.

- Read each vignette in *Handout IV.5B*. Note that the stories listed are NOT suggested to be true of all members of the culture each story pertains to, but rather to be examples of the views and behaviors of some individuals of that particular culture.
- Discuss as a class or in small groups to share thoughts and perceptions, using the listed questions as a guide for the discussion.

IV.6 Resources:

See *Handout IV.6A: Interpreters* for information on how to obtain interpretation services in the Lower Mainland.

Note that the Provincial Health Services Authority is currently developing a Microsoft Access-based system that will serve the interpretation needs of the entire province from one convenient location. The system, known as FITS (Friendly Interpretation Tracking System), should be up and running in the near future, and will also be available on the web. For more information, contact the Provincial Language Service of the Provincial Health Services Authority.

IV.7 Evaluation:

Sample exam questions:

1. Which of the following behaviors/actions least exemplifies effective interviewing practices when an interpreter is involved?
 - a. use the first person speaking style at all times
 - b. meet with the interpreter prior to the interview
 - c. use shorter sentences
 - d. speak slowly
 - e. discuss with the interpreter how the interview went after the patient/client has left

Answer: d

Clinicians should speak using the same pace they would with an English-speaking patient/client- speaking slowly often leads to the patient/client feeling insulted.

2. You should not expect a professional interpreter to:
 - a. set some guidelines prior to the interpreted interview
 - b. have completed a recognized interpretation training program
 - c. provide you with cultural insights
 - d. use the first person when interpreting your words to the patient/client
 - e. maintain patient/client confidentiality

Answer: c

As mentioned in Handout IV.5A: Guidelines, the ability to speak a language does not imply knowledge about the culture(s) in which that language is spoken. Any questions the clinician has about the patient's/client's behavior should be directed to the patient/client, not the interpreter.

3. List three reasons why family members are not desirable interpreters.

Possible answers:

- not familiar with medical terminology*
 - may answer questions for the patient/client instead of asking him/her directly*
 - may give inaccurate or abbreviated translations*
 - familial roles may interfere with how patient/client behaves and responds to questions*
 - may filter or screen patient's/client's responses due to personal agendas or other reasons*
4. List five behaviors/actions that facilitate an effective interpreter-assisted interview.

See *Handout IV.5A:Guidelines* for possible answers.

Sample assignments:

1. IV.5 Learning Activity "c" could be used as a take-home assignment instead of an in-class activity.
2. Handout IV.7A:Assignment

IV.8 References: The Role of the Interpreter in Health Care

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Brach, C., Fraser, I. "Can cultural competency reduce racial and ethnic disparities? A review and conceptual model." Med Care Res Rev 2000; 57(Suppl. 1): 181-217.

Dyck, I., Forwell, S. Stories From the Field: Students' Reflections on Culture in Practice. Vancouver, BC: U of British Columbia, 2000.

Effective use of interpreters. Multilingual Orientation Services Association for Immigrant Communities (MOSAIC), 1993.

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

Sasso, A. Case Studies in Health Care: A Discussion on Linguistically Appropriate Services. Vancouver, BC: Affiliation of Multicultural Service Societies and Agencies (AMSSA), 1999.

Sasso, A. Interpreter Services in Health Care: A Call for Provincial Standards and Services. Vancouver: Affiliation of Multicultural Service Societies and Agencies (AMSSA), 2000.

Schuwirth, L., van der Vleuten, C. "ABC of learning and teaching in medicine: written assessment." BMJ 2003; 326: 643-5.

Standards for Health Care Interpreting. Vancouver, BC: Health Care Interpreter Partnership Project, 1996.

Appendix A: Contacts For Recruiting Interpreters As Guest Speakers

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