

Lost in Translation: Navigating Medical Conversations with Interpreters

INSTRUCTOR:

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OUTLINE:

- I. LEP Statistics
- II. LEP patient rights
 - a. Legislation
 - b. Guidance
 - c. Healthcare setting
- III. Types of Interpreters
- IV. Interpreter services at MUSC
- V. Tips for working with an interpreter

OBJECTIVES: After studying this unit you should be able to:

1. Define what it means to have limited English proficiency
2. Be familiar with legislation relating to persons with LEP
3. Understand the rights of persons with LEP in the healthcare setting
4. Distinguish between an interpreter versus a translator
5. Identify key differences between various types of interpreters
6. Confidently work with in-person, virtual, and/or telephone interpreters
7. Describe what makes an interpreter encounter successful versus unsuccessful
8. Be familiar with interpreter services available at MUSC and rules regarding LEP patients

READING REFERENCE:

1. Chen AH, Youdelman MK, Brooks J. *The legal framework for language access in healthcare settings: Title VI and beyond.* J Gen Intern Med. 2007 Nov;22 Suppl 2(Suppl 2):362-7. doi: 10.1007/s11606-007-0366-2. PMID: 17957427; PMCID: PMC2150609.
2. Flores G. *The Impact of Medical Interpreter Services on the Quality of Health Care: A Systematic Review.* Medical Care Research and Review. 2005;62(3):255-299. doi:10.1177/1077558705275416
3. Jacobs, B., Ryan, A., Henrichs, K., Weiss, B. *Medical Interpreters in Outpatient Practice.* The Annals of Family Medicine. January 2018, 16 (1) 70-76; DOI: <https://doi.org/10.1370/afm.2154>
4. Juckett G, Unger K. *Appropriate use of medical interpreters.* Am Fam Physician. 2014 Oct 1;90(7):476-80. PMID: 25369625.
5. Mocha, R., Nassery, H., Fareed, T. *Incorporating Medical Interpretation Into Your Practice.* Family Practice Management. 2014; 21(2):16-21.
6. <https://muschealth.org/patients-visitors/visitor-information/interpreters>
7. www.census.gov



Lost in Translation:

Navigating Medical Conversations
with an Interpreter

Video





Stats



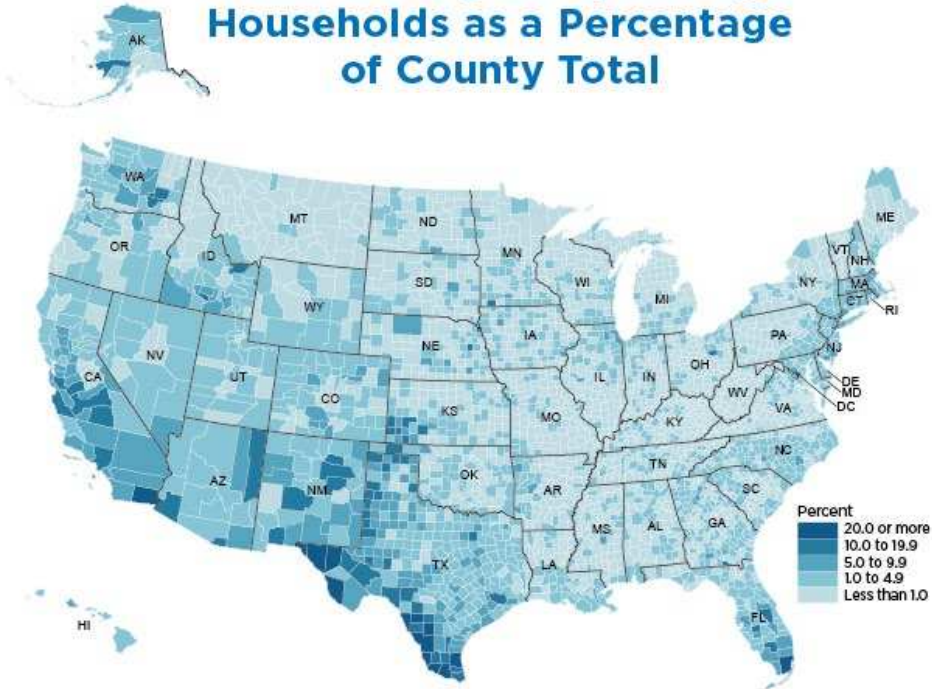
Limited English Proficiency

Those whose primary language for communication is not English and those who have a limited ability read, write, speak, or understand English

Language Access

Those who speak English less than “very well”

Limited English Speaking Households as a Percentage of County Total



Note: A "limited English-speaking household" is one in which no member 14 years and over speaks only English or speaks a non-English language and speaks English "very well." In other words, all members 14 years and over have at least some difficulty with English.

United States[™]
Census
Bureau

U.S. Department of Commerce
Economics and Statistics Administration
U.S. CENSUS BUREAU
[census.gov](https://www.census.gov)

Source: 2012-2016 American Community Survey
5-year estimates
www.census.gov/programs-surveys/acs/

22% of the US population speak a language other than English at home

Spanish speaker have increased by 30 million since 1980 (~14%)

~8% LEP



Rights of persons with LEP



Key legislation and guidance

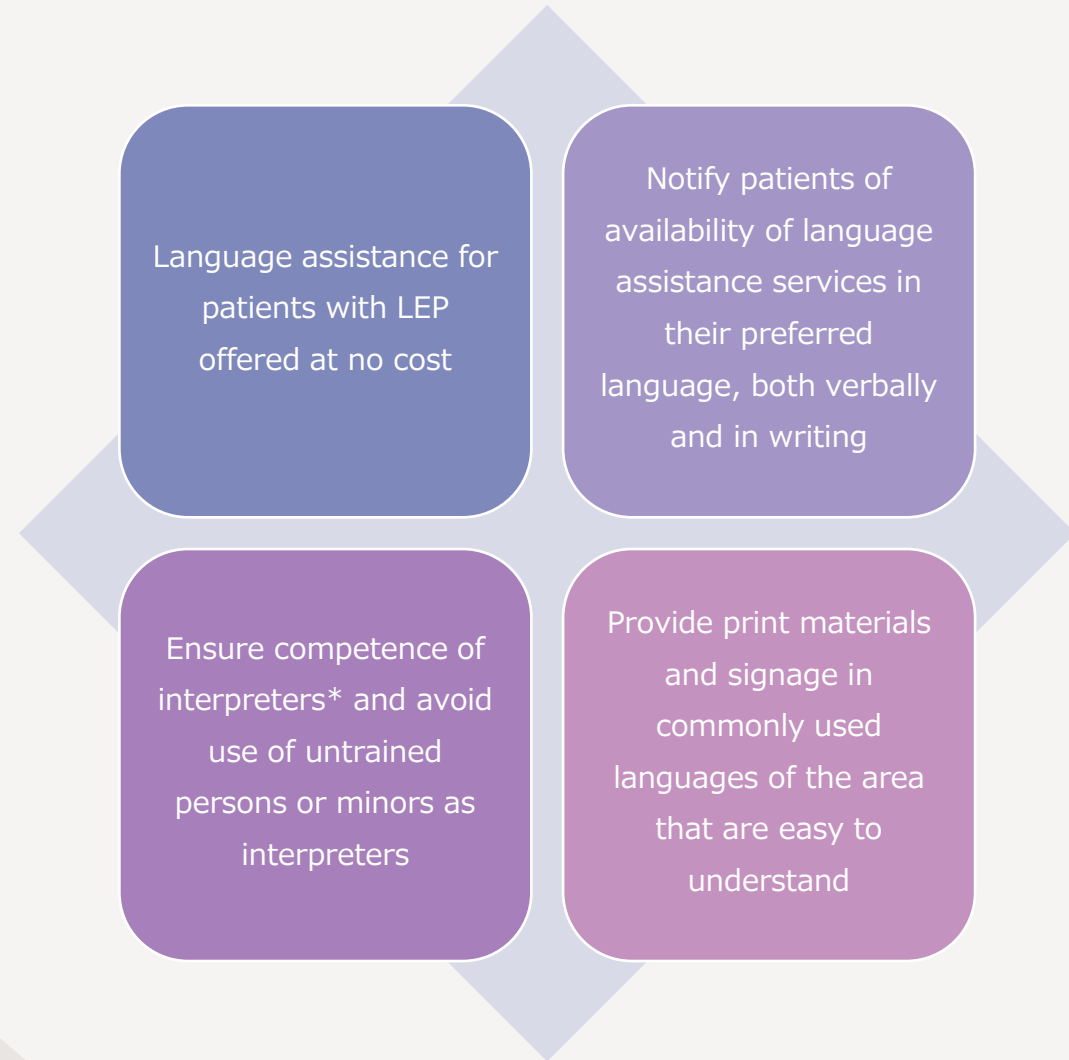
Title VI of Civil Rights
Act of 1964

LEP Executive Order

2003 Department of
Health and Human
Services LEP Guidance



National CLAS Standards



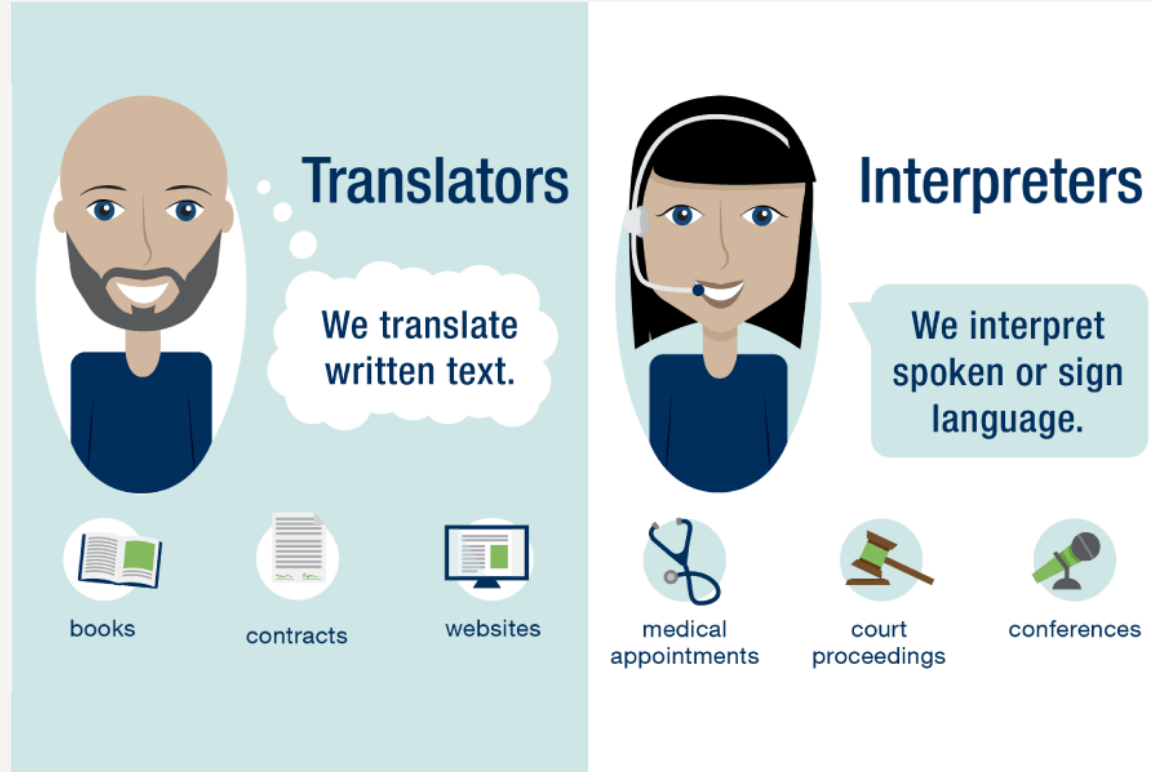


LEP in the Healthcare Setting

- Decreased quality of care
- Adverse effects on health and healthcare
- Higher rates of adverse drug reactions
- Decreased understanding of diagnosis
- Lower rates of preventive services
- Higher utilization of diagnostic testing



Types of Interpreters



Interpreter vs Translator

Ad hoc interpreters

= Untrained medical interpreters, untrained professionals, family, friends, strangers

Use only if requested by patient or in emergencies

Potential problems

- More likely to have errors that have clinical consequences
- Unfamiliar with medical terminology
- Limited or no understanding of confidentiality
- Embarrassment about intimate or personal issues
- Unsolicited advice
- Mixed motives or personal agendas





Qualified interpreters

Per HHS: “an individual who is able to interpret effectively, accurately, and impartially, both receptively and expressively, using any specialized vocabulary required by the circumstances.”



Certified medical interpreters



Fluent in 2+ languages



Formal program that includes

1. Training in ethics and role as a medical interpreter
2. Courses on medical terminology
3. Oral and written board exams



Code of professional standards and ethics



 **MUSC Health**
Medical University of South Carolina

UNIVERSITY HOSPITAL

At MUSC

MUSC

Interpretation services 24 hours/day, no cost to patient

In-person interpretation

- Spanish 24 hours/day
- ASL 8AM-5PM, via interpreting agencies after hours/weekends

Telephone

- >240 languages, 24 hours/day

Video Remote Interpretation

- multiple languages, including ASL, 24 hours/day

Braille and Audio Reading Download for patients with visual impairment



MUSC “I Speak” Program

Assesses fluency and level of comprehension of multilingual staff providing direct medical patient care in the top 5 languages of patients at MUSC

Issued an “I Speak” badge with the list of approved languages.



Working with an interpreter



Pre-visit

- Identify need
- Allow extra time
- Huddle with interpreter
- Document name/ID of interpreter



During the visit

- Seat the interpreter next to or slightly behind the patient
- Only say what you want to be interpreted
- Speak directly to the patient
- Use first-person
- Short sentences, one question at a time
- Sentence by sentence interpretation
- Allow interpreter to completely finish the statement
- Avoid idioms, acronyms, jargon, humor



After visit

- Use teach back to assess patient comprehension
- Debrief with interpreter to make corrections or clarify

To decrease errors

Provider and interpreter should work slowly to understand and verify

Pay attention to nonverbal cues

Interpreter should avoid editing

Provider should restate/summarize patient comments/history

Questions?



Resources

1. Chen AH, Youdelman MK, Brooks J. *The legal framework for language access in healthcare settings: Title VI and beyond*. J Gen Intern Med. 2007 Nov;22 Suppl 2(Suppl 2):362-7. doi: 10.1007/s11606-007-0366-2. PMID: 17957427; PMCID: PMC2150609.
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