Language Access in Primary Care: Interpreter Services

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21 Million in US speak English less than very well

- Limited English Proficiency (LEP) patients
  - are less likely to receive primary care
  - have more problems with care
  - are at increased risk for medical errors

Minnesota Demographics

- 8.5% of Minnesota residents speak a language other than English at home
  - Spanish 34%
  - Hmong 11%
  - African languages 6%
  - Vietnamese 4%
Need for interpreter services

- Quality improvement
  - Effective communication reduces errors, increases adherence to recommendations and results in more appropriate testing practices.

- Financial rationale
  - Effective communication reduces test costs and hospital admissions

- Regulatory requirement
  - Federal law and accreditation agencies require interpreter services

Regulatory requirements

- **Title VI of Civil Rights Act**
  - Prohibits discrimination in federally funded programs

- **Federal CLAS standards**
  - **Standard 4**
    Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.
  - **Standard 5**
    Health care organizations must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.
Regulatory Requirements

- Accreditation
  - J CAHO
    - Hospitals and clinics
  - LCGME
    - Medical school
  - ACGME and RRC
    - Residency programs
Working through Interpreters

Guidelines and Challenges

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ROLE OF INTERPRETER

- To make it possible for two or more individuals who do not share a common language to communicate directly with each other as if they did.
UNTRAINED INTERPRETERS


Most common error type: omission (52%)
Others: false fluency, substitution, editorialization and addition
61% of errors had potential clinical consequences
  - omitting questions about drug allergy
  - omitting instructions on dose, frequency of antibiotics
  - instructing mother not to answer personal questions
  - wrong instruction (put amoxicillin to both ears for O.M.)
UNTRAINED INTERPRETERS

- Inaccurate messages to protect the patient
  - Condense response
  - Converts open-ended to close-ended questions
  - Substitute a concept
- Create barriers to patient-physician relation
- Assume role exchange
TRAINED PROFESSIONAL MEDICAL INTERPRETERS

- Have formal education in interpreting; possess basic understanding of medical terminology, diseases
- Abide by a professional code of ethics that includes confidentiality, impartiality, accuracy and completeness
- Know role, limitations, responsibilities
- Familiar with common health beliefs and practices of the cultures whose language they speak
- Know how to engage both provider and patient effectively

-Massachusetts Medical Interpreter Association and Educational Development Center, Inc. 1995
ADVANTAGES OF TRAINED INTERPRETERS

- Patient satisfaction
- Better understanding of informed consent, treatment plan and follow-up care
- Better outcome and compliance
- Fewer medical mistakes
- Provider assured of accurate transmission of his/her communication
- Decreases cost of diagnostic testing
BASIC GUIDELINES

- ALLOW ENOUGH TIME FOR SESSION
- MEET BEFORE INTERVIEW
  - Explain nature/aim of visit
  - Provide necessary background information to interpreter
  - Remind confidentiality of information
BASIC GUIDELINES

INTERPRETING SESSION

- Speak slowly and clearly
- Use simple terms where possible
- Speak **TO** patient, not the interpreter
- Clarify confusing responses
- Avoid jargon and technical terms
- Pause frequently to allow interpretation
- Ask only one question at a time
- Avoid taking notes: concentrate on nonverbal behavior
- Frequently check to see if message is understood
BASIC GUIDELINES

POST SESSION MEETING

- Obtain feedback
- Ask interpreter on his/her impression of normality of conversation
- Thank the interpreter
OTHER KEY POINTS

- If no access to professional trained interpreter, bilingual staff members can be trained to fill the role.
  - Check state legislature; trained for the role
- Children do not make good interpreters
  - Difficulty with medical terminology; filter info.
- Not wise to use friends and family members
  - Patients may not be as forthcoming
  - Breaches of confidentiality
USING TRAINED PHONE INTERPRETERS

- Conduct in a private room with a speakerphone; maintain confidentiality.
- Set the stage; summarize clinical situation to interpreter.
- Try to prepare set of questions to ask; be aware of time constraints.
- Often, two separate phone calls are necessary.
- Setting up an account is a cost-effective method if frequent user.
CHALLENGES

- Inadequate access to interpreters
  - Some service providers still not aware of language service mandates and do not arrange for interpreter.
  - Lack of trained, professional interpreters
    - Dissatisfaction with interpreter services
    - Inconsistent quality of translation
  - Resource constraints (lack of community resources)
CHALLENGES

- Inadequate reimbursement for language services
  - Usual reimbursement only half the cost
  - Limited reimbursement from public programs (Medicaid)
  - Financial burden for solo or small group practices
RESOURCES

- AMA Cultural Competence Compendium: 460 page resource guide for clinicians
- AMA ClinicGuidins: resource guide for clinicians in outpatient care of patients with LEP
- Center for Cross-Cultural Health
  - http://www.crosshealth.com
- Diversity Rx
- Language Line Services: offers telephone interpreter services
  - http://www.languageline.com
- 1-800-Translate: offers fee-for-service telephone, online interpreting and document translation
- National Council on Interpreting in Health Care: list of resources by state
Teaching how to work with medical interpreters

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SGIM 2006
Why is important?

- Medical education curricula is evolving to provide excellence of care to an increasingly diverse population.
- Medical schools and residency programs are expected to promote the development of core competencies that involve communication skills.
  - Example: ACGME outcome project.
ACGME requirements

- **PATIENT CARE**
  - “communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families.”

- **INTERPERSONAL AND COMMUNICATION SKILLS**
  - “demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their patients’ families, and professional associates.”

- **PROFESSIONALISM**
  - “demonstrate sensitivity and responsiveness to patients’ culture, age, gender, and disabilities”

* http://www.acgme.org/outcome/comp/compFull.asp
Communication skills are identified as part of the core components of teaching culture and health.

“Clinical encounter: knowledge, tools and skills

1. learning about core cultural issues.
2. Learning interview approaches and methods that elicit information about the patients social and cultural context.
3. demonstrating the effective use of the principles and practice associated with the participation of medical interpreters in the clinical encounter.”

Are we teaching language skills?


  - 19 medical school provided materials of their cross-cultural medicine curriculum. A tool was developed to measure teaching methods, skills sets and eight content areas in cross-cultural education.
  - Language an access to care were two areas that scores lower, meaning that many school did not provide significant emphasis on these aspects on their curricula.
  - Fifty percent of the school scored between 1.5 to 2.5 in the language category (1=not addressed, 2=mentioned, 3= significantly addressed)

- Qualitative study, conducted in the Geneva University Hospital, in-depth interviews with professional medical interpreters with the aim of gain better understanding of interpreter experiences and perceptions regarding patient provider communication difficulties.
- Interpreters described three domains where physician and patients were likely to differ.
  - 1. ideas about the patient health problems.
  - 2. expectation of the clinical encounter.
  - 3. verbal and non-verbal communication styles.
- Interpreters recommended cultural competence training for physicians focusing on being aware of potential sources of misunderstanding and about the difficulties inherent in medical translation.
Our experience


- Multimodality workshop for first year residents about triadic interviewing skills.
  - Discussion about previous experiences working with interpreters.
  - Video and discussion about how effectively work with medical interpreters.
  - Basic Guidelines discussion. (presented by Dr. DeJesus)
  - Facilitated discussion with medical interpreters.
  - Role play with scripted scenarios.
  - Feedback from interpreters, instructor and observers.
Our experience…

- Results
  - Post workshop survey
    - 48 first year residents completed the workshop.
    - 100% will recommend the workshop to a peer.
    - Areas of improvement they suggested:
      - Shorter video
    - Strengths of the workshop:
      - Participation of medical interpreters.
      - Feedback session.
Web based curriculum?

- Kalet AL. et al. **Can a web-based curriculum improve students' knowledge of, and attitudes about, the interpreted medical interview?**
  New York University School of Medicine.
  - 640 students completed the module in the first year
    - Pre and post test questionnaires to test knowledge and attitudes.
    - Video of 6 patient physician interpreters video vignettes.
    - Immediate feedback from generated responses from experts.
    - Optional evaluation of the module. (155 completed)

- Results
  - Mean knowledge scores improved 46%-62% (P<.001)
  - Mean attitude scores improvement in 4 of 5 items.
  - Overall satisfaction score was 2.9 (Likert scale 1-4)
Final thoughts

- Working well with medical interpreters is a necessary skill for all clinicians.
- Teaching about this topic should start in medical school.
- There are different styles of teaching that appear to be effective (multimodality workshop, web based curriculum)
- Most of the teaching seems to be happening as part of the Cross-Cultural/Cultural Competence curriculum.
Final thoughts

- More educational research is needed to evaluate
  - Best modality to teach this topic.
  - Use of medical interpreters as teachers.
  - Impact of better students, residents and faculty communication skills on patients outcomes.